2012-04-18 14:44 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PHINIEU: WATERUT 2 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO, 0938-039 1 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 445498 NAME OF PROVIDER OR SUPPLIER D4/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BRISTOL NURSING HOME 261 NORTH STREET BRISTOL, TN 37625 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION YAG PREFIX CONFLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG DATE (F 000) INITIAL COMMENTS F157: 483.10(b)(11) Notify of changes {F 000} The facility will notify the resident and, if known, the residents legal representative or interested A revisit was completed at Bristol Nursing Home family member when there is an accident involving on April 16, 2012, following acceptance of an the resident which result in injury and has the Allegation of Compliance to remove the potential for requiring Physician intervention; a immediate Jeopardy at F-157, F-226, F-279, significant changes in the resident's physical, mental F-323, F-353, F-490, and F-520, Scope and of psychological status; a need to significantly alter Severity level "K". The revisit revealed the or change treatment or a decision to transfer or corrective actions implemented April 11, 2012, discharge the resident from the facility. removed the Immediate Jeopardy but non-compliance continues at an "E" level scope What corrective actions(s) will be and severity for F-157, F-226, F-279, F-323, accomplished for those residents found to bave been affected by the alleged deficient practice? F-353, F-490, and F-520. Other deficiencies previously cited and not addressed on the Allegation of Compliance Resident #9 A OBRA Quarterly assessment was completed on 12/13/2011 and the remain outstanding. The facility is required to quarterly pain assessment was completed on submit a plan of correction for all outstanding 12/17/2011. The MDS coordinator updated the deficiencies including the Immediate Jeopardy resident's medical record with another pain tags lowered in scope and severity. assessment on 3/29/2012. (F 157) 483.10(b)(11) NOTIFY OF CHANGES (F 157) SS=E (INJURY/DECLINE/ROOM, ETC) The physician was notified of the residents' blood sugar results of 357 on 3/16/2012 and 476 on A facility must immediately inform the resident; 3/23/2012 by the unit manager on 1" Tennessee on 5/11/12 consult with the resident's physician; and if 4/09/2012. There were no new orders given. known, notify the resident's legal representative or an interested family member when there is an The Physician was notified by the ADON on February 14, 2012 of the recommendation to accident involving the resident which results in increase Buspar from 10mg every day to 7.5 TID. Injury and has the potential for requiring physician The ADON obtained an order for the recommended intervention; a significant change in the resident's change. physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or Resident # 21 was placed on fifteen minute clinical complications); a need to alter treatment observation by the Corporate Sr. Director of clinical significantly (i.e., a need to discontinue an services on 3/30/2012 at 10:30 am. existing form of treatment due to adverse consequences, or to commence a new form of Resident #21 was transferred to Bristol Regional Medical Center for an Evaluation and placement to treatment); or a decision to transfer or discharge the resident from the facility as specified in a behavior unit on 3/30/2012 at 4:00pm. The facility will not readmit this resident to the facility. ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Administrator

ny deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that there as feguraries provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days anys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING 445498 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP C BRISTOL NURSING HOME 261 NORTH STREET BRISTOL, TN 37625 SUMMARY STATEMENT OF DEFICIENCIES
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REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI PREFOX TAG DEFICIENCY (F 157) Continued From page 1 The Physician was n (F 157) sexual abuse allegation with §483.12(a). on 4/10/2012 by the Chief Ex Director of Nursing. Corpora The facility must also promptly notify the resident nurse and Corporate Directo and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as The social worker cor assessment on 3/31/2012 to asse specified in §483.15(e)(2); or a change in signs and symptoms of depression and to identify ss resident #32 for resident rights under Federal or State law or possible changes in signs and symptoms of mood regulations as specified in paragraph (b)(1) of distress since her last assessment. The assessment this section. revealed that there was no change from the residents' baseline. The facility must record and periodically update the address and phone number of the resident's A skin assessment was completed on legal representative or interested family member. 1/18/2012 indicated no indication of bruising or redness any where on the resident's body. The Shilled charge nurse completed the skin assessment. This REQUIREMENT is not met as evidenced by: Resident # 32 care plan was updated by Based on medical record review, observation, social services, MDS Coordinator Quality Assurance and interview the facility failed to notify the Nurse and Sr. Director of clinical services on physician of significant behaviors for one resident 03/31/2012 to reflect the need to notify the MD and social services of changes in mood and behaviors. (#21); failed to notify the physician of a significant incident for one resident (#32); and falled to notify the physician of elevated blood sugars, and psychiatric recommendation for one resident (#9) 2. How will you identify other residents having the of thirty-nine residents reviewed. potential to be affected by the same alleged deficient practice and what corrective action will be taken? The facility provided a Credible Allegation of Compliance on April 11, 2012. A revisit conducted on April 16, 2012, revealed the corrective actions implemented on April 11, 2012, All residents have the potential to be affected by this alleged deficient practice. removed the Immediate Jeopardy. Non-compliance for F-157 continues at an "E" level citation (potential for more than minimal The RN supervisor completed an audit on all blood sugar flow sheets to assess for compliance harm). with M.D. notification related to The findings included:

hypo/hyperglycemic on 4/10/2012.

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NAME OF F	ROVIDER OR SUPPLIER					16/2012
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{F 157}	Validation of the Credible Allegation of Compliance was accomplished through medical record review, observation, facility policy review, and interviews with facility staff including the administrative staff. The facility provided evidence the Physician was notified of the increased blood sugars, the recommendation to increase the Buspar (anxiety medication), and the possible sexual assault.			The DON, ADON and So reviewed psychiatric services pro from 3/30/2012 to 4/3/2012 to ensirecommendations were completed recommendations were place in the notification folder for the physicise. MD and or NP make fact times a week to assess the residen consultant recommendations that in the physician folder.	gress notes for ure psychiatric d timely. All he physician an to review.	_
	and investigating a residents with Dem behaviors; impleme prevent behaviors; interventions after a timely Physician no The facility comple assessments, and a mood and behavior. The facility provided mood and behavior mood and behavior.	led mood and behavior updated care plans related to levidence daily audits of the		The Director of Nursing; of Nursing; Staff Development Co the Quality Assurance Nurse provide all licensed nurses regarding Pt notification of hyperglycemic/Hypingar results and the fact that Blootification parameters are estable hysteian. The training started on 4/2 and on April 11th, 2012. All staff who missed the interviced by the staffing coordinato corporate Quality assurance nurse allowed to work the floor.	pordinator and vided re-educate hysician poglycemic blood sugar ished by each 10/2012 and with the prand or the service to being se prior to being sided and the service to being se prior to being sided and the service to being se prior to being sided and the service to being second and the service to being second and the second and th	or ion d
i i i i i i i i i i i i i i i i i i i	nterviews with the for- n-services were attention of the conditions. The facility will remain evel until it provides correction to include eficient practice documents or measures	alled to the Physician. acility nursing staff revealed ended related to timely related to changes in In out of compliance at an "E" an acceptable Plan of monitoring to ensure the es not recur and the facility's could be reviewed and ality Assurance Committee.		The facilities do not use a The Director of Nursing; of Nursing; Staff Development Co the Quality Assurance Nurse pro to all licensed nurses regarding to Psychiatric recommendations to t Physicians. The training was initiand will be completed by 4/11/201 All staff who missed the inserviced by the staffing coordinate corporate Quality assurance nursi allowed to work the floor. The fac-	Assistant Director and vided re-educated mely notification the attending sized on 4/10/20 (2. In-service will be a principle or and or the	or ion n of

agency staff.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Ir in pre	and interviews with administrative staff, the Physician was n sugars, the recomm Buspar (anxiety med sexual assault. The facility provided related to policies an and investigating abtresidents with Deme behaviors; implement prevent behaviors; an interventions after a trimely Physician notification of the facility complete assessments, and up nood and behavior. The facility provided encod and behavior and justments were call therviews with the facility strength of the facility will remain the facility mill remain the facility will remain the facility mill remain t	edible Allegation of complished through medical reaction, facility policy review, facility staff including the The facility provided evidence of the Increased blood rendation to increase the dication), and the possible evidence of in-services of procedures for reporting use immediately; care of intia and Dementia related relation and interventions to ind implementation and behavior has occurred and ication. In mood and behavior dated care plans related to the Physician, willty nursing staff revealed ded related to timely elated to changes in out of compliance at an "E" in acceptable Plan of nonitoring to ensure the not recur and the facilibits.	{F 1	So Dofin see	The Director of Nursing; of Nursing; Corporate Quality As provided re-education to all licer implementing interim plans of ca admissions, updating care plans when the complementing interim plans of ca admissions, updating care plans when initiated on 4/10/2012 and wild 4/11/2012. All staff who missed the inserviced by the staffing coordinate corporate Quality assurance nurse allowed to work the floor. The facilities do not use as To ensure the facility staff to properly manage residents with report, investigate and implement after a behavioral event. All staff reducation on: Managing residents with I Dementia related behaviors. Contracted the provider is scheduled to provide the The training began on 4/5/2012 and will happil 11, 2012. Implementation of interventianing began on 4/5/2012 and will happil 11, 2012. Implementation of interventianing began on 4/5/2012 and will happil 11, 2012. The Corporate Sr. Director in the training began on 4/5/2012 and in April 11, 2012. The Corporate Sr. Director in the corporate of Nursing will educate all straining began on 4/5/2012 and in April 11, 2012. The Corporate Sr. Director in the corporate Sr. Director in the training began on 4/5/2012 and in April 11, 2012. The Corporate Sr. Director in the corporate Sr. Director in the training began on 4/5/2012 and in April 11, 2012.	ssurance Nurases of resed nurses of resident resident ges. The train il be complete neservice will or and or the prior to being gency staff. If understand in behaviors, in interventions received Dementia and received Hospic above train in dwas complete ntions to previous from the prior to be in the complete number of t	ing ed by be in- ng how ow to see ing. ted ent toby

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The in pre-	Validation of the Cre Compliance was accord review, observand interviews with fadministrative staff, the Physician was not sugars, the recomme Buspar (anxiety medisexual assault. The facility provided expelled to policies and investigating abuseresidents with Dement behaviors; implements prevent behaviors; and interventions after a behavior. The facility completed assessments, and upon and behavior. The facility provided expelled and behavior assignments were called the facility provided expelled and behavior assignments were called assessments were called the facility will remain on the facility measures contraction to include measures contractive measures	dible Allegation of complished through medical vation, facility policy review, acility staff including the The facility provided evidence of the Increased blood endation to increase the location), and the possible evidence of in-services of procedures for reporting se immediately; care of the and Dementia related ation and interventions to dimplementation and enavior has occurred and enavior has occurred and enavior has occurred and enavior and behavior lated care plans related to hidence daily audits of the sessments and medication do to the Physician. In ursing staff revealed ed related to timely lated to changes in acceptable Plan of confloring to ensure the positroring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positroring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positrory and the facility's acceptable plan of confloring to ensure the positrory and the facility and	{F 15	P 4. en po	The DON and or ADON will Psychiatric consultation notes after ensure recommendations for medical adjustments are called to the Physicismanner. The DON/ADON and or Quantum and the pool of the Psychiatric will audit 100% of the Psychiatric medical record to ensure the physicism endication of the psychiatric services. Audits will be completed week each and then biweekly for eight weeks and then biweekly for eight weeks. How the corrective actions will be musually assurance program will be put if the interdisciplinary team (Administration of Nursing, Assistant Director of Nursing, Assistant Director usiness Office Manager, Dietary Manager) in the monthly Quassurance Committee meeting until sympliance is achieved.	each visit to attorn ian in a time tality Assuratric notes a sician is not changes from the changes from the changes from the change in the change is not the change in th	ance and iffied at

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55=0	The resident has the confidentiality of his records. Personal privacy incomedical treatment, vecommunications, personal privacy incomedical treatment, vecommunications, personal record for each resident records as provided lessection, the resident release of personal as individual outside the resident's right to resident is transferred institution; or record resident is transferred institution; or record records.	e right to personal privacy and or her personal and clinical suddes accommodations, written and telephone resonal care, visits, and not resident groups, but this facility to provide a private ent. In paragraph (e)(3) of this may approve or refuse the and clinical records to any facility. In refuse release of personal coes not apply when the it to another health care elease is required by law.	{F 164}	1. Corrective Action(s) will be for those resident found to the deficient practice Residents #13 and #34 were charge nurse on 4/13/2012. negative outcomes noted. 2. Identify other residents to he potential to be affected by the deficient practice and what action will be taken All residents have the potential by this deficient practice. Alert/oriented residents have interviewed by the DON, ADM Managers and or Quality Assuregards to medication administrates without privacy completed No other areas of concerns we	assessed by the assessed by the There were no having the he same corrective all to be affected been ON, Unit brance Nurse in tration in open ed on 4/20/2012 re identified.	· 5
t fr	he form or storage melease is required by	transfer to another law; third party payment	3	Measures/systemic changes i ensure the alleged deficient p not reoccur: In servicing of licensed staff re Resident Rights/Privacy/Dignit conducted by the DON, ADON and 4/11/2012.	garding	
fa	y: Başed on observation	is not met as evidenced and interview the facility y during an insulin injection & #34) of thirty-nine		In-Service of licensed staff in raproviding privacy during medic administration will be conducte DON/ADON by 5/11/2012. Licensed staff will be in-service being allowed to returning to the In services will be added to the packet.	eation ad by the ad prior to a floor.	

2012-04-18 14:46 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA			OMB N	OMB NO. 0938-039	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE COMPI	SURVEY	
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	PROVIDER OR SUPPLIER L NURSING HOME		s	TREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET	04/	16/2012	
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	The findings include Resident #13 was at February 5, 2010, with Arthropathy, Diabete Kidney Disease. Observation on Marchevealed resident #11 the resident's room in and visitors. Continuar revealed Licensed Probtained seven units pulling the privacy culling the privacy culled up the resident abdomen and injected interview with LPN #5 a.m., on the 200 hall, failed to ensure privacy cultain grivacy curtain Resident #34 was admitted to ensure privacy culting privacy curtain Resident #34 was admitted to ensure privacy culting privacy curtain Resident #34 was admitted to ensure privacy culting privacy curtain Resident #34 was admitted to ensure privacy culting privacy curtain Resident #34 was admitted to ensure privacy Disease, Iron Deficien Chronic Respiratory Figure II, Congestive Hend Hypothyroidism. Medical record review order dated March 24, isulin Inject sliding sci	disciplinated to the facility on the diagnoses including is Mellitus, and Chronic is Sitting in a wheelchair in a full view of other residents ed observation at this time actical Nurse (LPN) # 5 of Insulin, and without ratin or closing the door, is shirt exposing the door, is shirt exposing the door or including the facility had by y not closing the door or including Chronic is sease. Chronic Kidney by not closing the door or including Chronic Kidney by Anemia, Acute and allure, Diabetes Mellitus eart Failure, Hypertension, of a Physician's telephone 2012, revealed "Novologiale insulin before meals = 0 units; 151-200 = 2 including the door of the diagraph 1-31 2012	{F 164		nedication arions a week cly x 8 weeks is provided to mitored to will not reoccu nee Nurse will pality Assurance ittee tursing, and Medical nager, Dietary Social Services on will make improve the ompliance has		

2012-04-18 14:46 DC0547PM13501 8652125642 >> P 9/70 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING B. WING 445498 04/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BRISTOL NURSING HOME 261 NORTH STREET BRISTOL, TN 37625 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX COMPLETION DATE TAG DEFICIENCY) (F 164) | Continued From page 5 (F 164) units per milliliter) Inject 38 UNITS SUBCUTANEOUSLY EVERY EVENING..." Observation in the resident's room on March 27, 2012, at 9:15 p.m., of the medication administration of two injections of insulin to the resident's exposed abdomen, revealed the nurse did not close the curtain across the exterior window next to the resident's bed. Interview with LPN #8 in the 1st Floor hallway, on March 27, 2012, at 9:25 p.m., confirmed the window curtain was not closed during the administration of insulin injection, exposing the F167 resident to visitors and staff using the parking lot 5-11-12 outside the window. 483.10(g)(1) RIGHT TO SURVEY RESULTS . (F 167) Corrective Action(s) will be accomplished (F 187 READILY ACCESSIBLE for those resident found to been affected by SS=C the deficient practice A resident has the right to examine the results of The complaint survey results from 11/2011 the most recent survey of the facility conducted by were returned to the survey book by the Chief Federal or State surveyors and any plan of Executive Officer on 4/9/2012. correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily Identify other residents to having the accessible to residents and must post a notice of potential to be affected by the same their availability.

The findings included:

by:

This REQUIREMENT is not met as evidenced

Based on observation and interview, the facility

failed to make the most recent complaint survey

results readily accessible to residents.

deficient practice and what corrective

The survey book will be maintained in the

front lobby of the facility and will include the

most recent annual and or complaint survey

results. Signage for residents to be aware of

the location of the survey book will be posted

There was no negative outcome,

action will be taken

for viewing of residents

P 9/70
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(F 167) SS=C	Observation in the re 2012, at 9:15 p.m., of administration of two resident's exposed a did not close the curl window next to the re Interview with LPN # March 27, 2012, at 9 window curfain was resident to visitors an outside the window. 483.10(g)(1) RIGHT READILY ACCESSIB A resident has the rightne most recent surve Federal or State surve correction in effect with the facility must make examination and must accessible to resident their availability. This REQUIREMENT by: Based on observation	sect 38 UNITS Y EVERY EVENING" sident's room on March 27, if the medication injections of insulin to the bdomen, revealed the nurse ain across the exterior sident's bed. 8 in the 1st Floor hallway, on 25 p.m., confirmed the tot closed during the dilln injection, exposing the d staff using the parking lot FO SURVEY RESULTS LE ht to examine the results of y of the facility conducted by eyors and any plan of h respect to the facility. the results available for post in a place readily ts and must post a notice of is not met as evidenced and interview, the facility t recent complaint survey	{F 167	3 Measures/systemic changes implemented to ensure the alleged deficient practice does not reoccur:

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>	FOR	P 10/70 D: WHITELD IN MAPPROVED D. 0938-030
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	200	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED	
-		445498	B. WIN	ie	041	R 16/2012
BRISTO	PROVIDER OR SUPPLIER L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CO 281 NORTH STREET BRISTOL, TN 37625		10/2012
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(F 167)			(F 16	77)	· · · · · · · · · · · · · · · · · · ·	
{F 221} SS=E	survey result book in Continued observation complaint survey resurvey book. Interview at the time Administrator, confile	D BE FREE FROM	{F 22	1) F22I	22	
	physical restraints in	right to be free from any sposed for purposes of ence, and not required to sedical symptoms.		1. Corrective Action(s) will for those resident found to the deficient practice	been affected b	e: 5-11-12
	by: Based on medical re and interview the fac use of a restraint for failed to complete a p	r is not met as evidenced ecord review, observation, lity failed to re-assess for two residents (#19, #8) and ore-restraint assessment etraint for two residents (#24, fents reviewed.		Resident # 6 had a pre re assessment and an inform completed. Resident # 19 soft belt re discontinued on March 2 Resident #8 – the side ration 3/30/2012 and his be-	estraints was 2 nd , 2012.	

The findings included:

Resident # 19 was admitted to the facility on

Medical record review of a Physician's Order

dated November 16, 2011, revealed " ...soft belt

March 2, 2003, with diagnoses including Paranoid Schizophrenia, Dementia, and Anemia.

with a new bed that has assist rails. A side rail assessment was completed was

completed on 3/31/2012. Care plan was

Resident #24 - a pre restraint assessment

and a restraint assessment was completed

on 4/13/2012 by the unit manager.

updated on 3/31/2012.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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AND PLAN	OF OFFICIENCIES	(X1) PROVIDER/SUPPLIED/CLU	(X2) MULT	TIPLE CONSTRUCTION	OMB NO. 0938-030	
		IDENTIFICATION NUMBER:	A. BUILDI		COMPL	ETED
		1	1		1	R
NAME OF	PROVIDER OR SUPPLIER	445498	B. WING_		1	6/2012
BRISTO	L NURSING HOME		1 3	REET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625	T COURT	10/2012
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	Interview and medical office, on March 29, confirmed the facility quarterly re-assessment for resident #19. Resident #8 was re-February 16, 2012, Vip Fracture, Diabet Dementia. Medical record review (MDS) dated March is short term memory primpaired cognition, and all staff for activities of Side Rails dated Neviewed on October Recommended Type. Observation of the resident was with bilate interview with Certified March 28, 2012, at 11 Tennessee) nursing sharch 28, 2012, at 12 allway, confirmed the staff was confirmed the staff way, confirmed the staff way and staff way.	relchair) "Continued medical Physician's Order dated March "d/c (discontinue) soft belt" rai record review with the (DON), in the Bookkeeper's 2012, at 2:15 p.m., y had failed to complete a ment for the use of a restraint admitted to the facility on with diagnoses including Left res Mellitus Type II, and w of the Minimum Data Set 8, 2012, revealed the to complete the Brief Status (BIMS), had long and problems, had moderately and was totally dependent on of daily living. w of the Evaluation For Use lovember 23, 2009, and last 28, 2011, revealed " Full side railLeft" sident on March 27, 2012, at .m., revealed the resident real full side rails up. d Nurse Aide (CNA) #2 on :52 a.m., at 2nd TN station, and with CNA #3 on	{F 221}	2 Identify other residents to	the same at corrective tial to be rsing Ints used was ensure all accurate with sealleged reoccur: egarding side t assessment ms/and be complete ticed prior to effoor. the hen a side straint pdated. N/ADON or outs/week x weeks then	e s th

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P 12/70
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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVE
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILO		CONSTRUCTION	(X3) DATE S	ETED
NAME OF P	TO MATERIAL STATES	445498	B. WING	-		04/	R 6/2012
BRISTO	ROVIDER OR SUPPLIER L NURSING HOME		s	261 i	T ADDRESS, CITY, STATE, ZIP CODE NORTH STREET STOL, TN 37625		
(X4) ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDRE	COMPLETION DATE
(F 221) Continued From page 8 both full side rails up "for safety." Interview with MDS Coordinator #1 on N 2012, at 2:00 p.m., in the MDS office, of the MDS Coordinator was unaware the		p "for safety." Coordinator #1 on March 29, In the MDS office, confirmed or was unaware the resident	{F 221	}	Starting on April 23 rd the DOI Nurse Manager will review ne admission/readmissions for co and accuracy of assessments in clinical meeting Monday through	mpletion	
	had been placed in a bed with full bilateral side rails in use; confirmed bilateral full side rails would be a restraint for the resident; and confirmed the resident had not been assessed for restraints.			4.	Corrective actions will be monitored to ensure the deficient practice will not reoccur		
	Resident #24 was a 23, 1999, with diagn Dementia, and Anxi	dmitted to the facility on June loses including Psychosis, ety.			DON/designee will report find audits to the Quality Assurance Committee monthly	ings of	
	the facility dining roo	ch 28, 2012, at 8:40 a.m., in om revealed resident #24 king coffee with a self release wheelchair.			The Quality Assurance commit (Administrator, Director of Nu. Assistant Director of Nursing,	nistrator, Director of Nursing, ant Director of Nursing, Medical	
	Medical record review of a Physician's Order dated March 2, 2012, revealed "self release belt "Continued medical record review revealed no documentation of a pre-restraint evaluation prior to placing the self release belt.				Director, Business Office Manager, Dietary Manager, Activities Director, Social Services Director, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been		
	Director of Nursing (office, on March 29, confirmed the facility	failed to complete a			achieved.		
2	2009, with diagnoses	nitted to the facility August 5, including Mental Disorder, riors, Anxiety, Osteoporosis,					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORMAPPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0394 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING B. WNG 445498 NAME OF PROVIDER OR SUPPLIER 04/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BRISTOL NURSING HOME 261 NORTH STREET BRISTOL, TN 37625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG TAG DEFICIENCY {F 221} Continued From page 9 (F 221) Medical record review of the Minimum Data Set dated January 8, 2012, revealed the resident had impaired short and long term memory, had moderately impaired cognitive skills for daily decision making, had wandering behavior that occurred daily, and required extensive or total assistance for all activities of dally living. Medical record review of the Care Plan dated August 4, 2011, and updated through April 12, 2012, revealed "...personal alarm while in bed, a self release alarming seat belt while in the wheel chair, a positioning vest when in the wheel chair, and full bed rails while in bed for mobility..." Medical record review of the Pre-Restraining Evaluation dated February 27, 2012, revealed ...Velcro positioning vest while up in WC (wheelchair) for positioning and safety r/t (related to) poor safety awareness r/t Dementia a (and) poor trunk control..." Medical record review of a Physician Telephone Order dated March 13, 2012, revealed "...D/C (Discontinue) Posey Vest...Front anti-tippers...Alarming Self Release Belt..." Observation and interview with the Director of Nursing (DON) in the day room on 2nd Tennessee, on March 27, 2012, at 2:00 p.m., confirmed the resident was unable to release the seat belt and no positioning vest was in place. Interview with LPN #6 on March 28, 2012, at

3:45 p.m., in the 2nd Tennessee hall, confirmed a Pre-Restraining Assessment and an Informed Consent for Use of Restraints had not been

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	T OF DECIDENCIES	& MEDICAID SERVICES			FOR	MAPPROVE
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04	16/2012
	L NURSING HOME			261 NORTH STREET BRISTOL, TN 37625		
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{F 221}		je 10	(F 22	211		
	INICION IS. ZUIZ.	self-release belt was ordered	į,	`'/		
(F 226) SS=E	483.13(c) DEVELOP ABUSE/NEGLECT	P/IMPLMENT ETC POLICIES	(F 22	Abuse/Neglect, ETC Policies		' I
· 8	PAULIDO BUIL DIOCEGU	t. and phice of meldants		The facility will develop and in policies and procedures that puneglect, and abuse of residents misappropriation of resident p	ohibit mistr and roperty.	itten eatment,
İ	This REQUIREMENT is not met as evidenced by:			 What corrective action accomplished for those residen affected by the alleged deficient 	e found to b	ave been
	review of facility good review of facility polici and investigate possil	cord review, observation, mentation, interview, and y, the facility falled identify ble abuse perpetrated by incidents with four residents 38).		Resident # 21 was transfacility on 3/30/2012. The Facilithis resident. The social washes as a facility of the facility o	ly will not	readmit 5
n	compliance on April 16 corrective actions Impediately emoved the Immediately for-compliance for F-	, 2012, revealed the		The social worker compassessment on res. # 17 on 3/31/. resident for signs and symptoms to identify possible changes in sl of mood distress since her last as assessment revealed that there we the residents' baseline. A skin assessment was company to the residents of the reside	of depression of depression of depression of depression of the sessment. The sessment of the s	s this on and ptoms he e from
i	he findings included:			indication of bruising or redness resident's body. Skin assessment	there was no anywhere or a dated 3/19/	the
re	alidation of the Credit ompliance was accor ecord review, observa nd interviews with faci dministrative staff.	inplished through medical		3/22/2012 and 3/26/2012 was com nurse. No new skin issues were id	nleted by a c	harge
TI	ne facility provided evi	idence the Physician was				

DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FOR	MAPPROVE
JOIGIEMEN	(I Dr Dreirieucies	(X1) PROMITERION CONTRACTOR	-		OWB NO	0.0938-036
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION ILDING	(X3) DATE :	SURVEY
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NAME OF	PROVIDER OR SUPPLIER				04/	16/2012
BRISTO	L NURSING HOME			STREET ADDRESS, CITY, STAYE, ZIP COT 261 NORTH STREET BRISTOL, TN 37625	3	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				
PRÉFIX	1 CACR DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		SHOULD BE	COMPLETION DATE
	The facility complete 100% of the resident with Deme behaviors; implemer prevent behaviors; an interventions after a 100% of the facility reveiwed currently with behavior management to ensure staff are award all residents. The facility completed assessments, and up mood and behavior. The facility provided the mood and behavior 100% of the mood and behavior 100% of the mood and behavior 100% of the mood and pustment 100% of	exual assault, ed skin assessments on its on 2nd Tennessee. evidence of in-services nd procedures for reporting use immediately; care of initia and Dementia related ntation and interventions to ind implementation and behavior has occurred. care plans for all residents or problems and on behavior are all interventions are on the resident care guides to are of proper interventions for did mood and behavior odated careplans related to evidence of daily audits of or assessments and ints were called to the N floor through out the d staff providing diversional presidents. No resident id. The environment was	{F 22		nator and Qual rector of clinical sin mood and uality Assurance all services immediately of the characteristic particles in duty o	ity it services it services ite MD ce Nurse itediately anges cident were continute c

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED
STATEMEN	Y OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION	(X3) DATE S	URVEY
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NAME OF F	PROVIDER OR SUPPLIER			571	REET ADDRESS, CITY, STATE, ZIP CODE	04/1	6/2012
BRISTO	L NURSING HOME			2	161 NORTH STREET BRISTOL, TN 37525		
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	The facility provided related to policles a and investigating at residents with Dembehaviors; implement prevent behaviors; interventions after at the care plans and ensure staff are awall residents. The facility complet assessments, and a mood and behavior. The facility provided the mood and behavior. The facility provided the mood and behavior. The facility provided the mood and behavior. Observation on 2nd follow-up visit revea activities to wander altercations were no calm with planned at Random interviews revisit confirmed the	devidence of in-services and procedures for reporting buse immediately; care of entia and Dementia related entation and interventions to and implementation and a behavior has occurred. dicare plans for all residents vior problems and on behavior sure all interventions are on the resident care guides to are of proper interventions for ed mood and behavior updated careplans related to the transport of the existence of daily audits of vior assessments and ents were called to the transport of the edition of the led staff providing diversional and residents. No resident violation. The environment was	{F 2	2226}	The social worker compassessment resident # 32 on 3/3 resident for signs and symptom to identify possible changes in s of mood distress since her last a assessment revealed that there the residents' baseline. A skin assessment was a 32 on 1/18/2012. There was not or redness any where on the rescharge nurse completed the skin. Resident # 32 care plan social services, MDS Coordinate. Nurse and Sr. Director of clinic 03/31/2012 to reflect the need to social services of changes in more The Corporate Quality Assuran Director of clinical services immediate plan. The Director of Nursing care guides to ensure the nursing aware of the care plan changes of the care pla	in 1/2012 to assess of depression of depress	sess this on and aptoms The ge from res. # brulsing The d by ssurance d band viors. d the Sr. dified the the dent ere dent with #36

P 15/70 PRINTEU: WHITZUTZ FORMAPPROVED

TAREMENT OF DEFICIENCIES AND PLAN OF CORRECTION (IV) PROVIDER SUPPLIERULA A SULDING A SURDING STATE, JIP CODE 231 NORTH STREET BRISTOL, TN 37625 BRISTOL TO, TN 37625 A PROVIDER SULP PLAY OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE CONCERCED TO THE CORRECTION THE CORRECTION SHOULD BE CONCERCED TO THE CORRECTION SHOULD BE	CENTE	KS FOR MEDICARE	& MEDICAID SERVICES			FORM APPRO	VE	
BRISTOL NURSING HOME SUMMARY STATEMENT OF DEFIDINGACES (F 226) Continued From page 11 The facility completed skin assessments on 100% of the residents on 2nd Tennessee. The facility provided evidence of in-services related to policies and procedures for reporting and investigating abuse immediately: care of residents with Demental and Dementia related behaviors; and implementation and interventions after a behavior has occurred. The facility reverwed care plans for all residents currently with behavior problems and on behavior management to ensure all interventions are on the care plans and the resident care guides to ensure staff are aware of proper interventions for all residents. The facility provided evidence of daily audits of the mood and behavior assessments and medication adjustments were called to the Physician. Observation on 2nd 7N floor through out the follow-up visit revealed staff providing diversional activities to wandering residents. We resident two activities to wandering residents. We resident activities to wandering residents. Physician, Random interviews with facility staff during the revisit confirmed they had received in-services. Random interviews with facility staff during the revisit confirmed they had received in-services.	IVINE	II OF DEFICIENTIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDIN		CX3) DATE SURVEY		
BRISTOL NURSING HOME Maj ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TARK OF DEFICIENCY MUST BE PRECEDED BY FULL PRECEDIATORY OR LISC IDENTIFYING INFORMATION) F226 Continued From page 11 Indified of alleged sexual assault. The facility completed skin assessments on 100% of the residents on 2nd Tennessee. The facility provided evidence of in-services related to policies and procedures for reporting and investigating abuse immediately; care of residents with Dementia and Dementia related behaviors; implementation and interventions of prevent behaviors; and implementation and interventions after a behavior has occurred. The facility reveiwed care plans for all residents currently with behavior problems and on behavior management to ensure all interventions are on the care plans and the resident care guides to ensure staff are aware of proper interventions for all residents. The facility completed mood and behavior assessments, and updated careplans related to mood and behavior assessments and medication adjustments were called to the Physician, Observation on 2nd TN floor through out the follow-up visit revealed staff providing diversional activities to wandering residents. No resident activities to wandering residents, No resident activities and providence of daily addits of the mood and behavior assessments an	NAME OF	PROVIDED OF SUPPLIES	445498	B. WING _		1911		
(F 226) Continued From page 11 notified of alleged sexual assault. The facility completed skin assessments on 100% of the residents on 2nd Tennessee. The facility provided evidence of in-services related to policles and procedures for reporting and investigating abuse immediately; care of residents with Demantia and Dementia related behaviors; implementation and interventions to prevent behaviors; and implementation and interventions after a behavior has occurred. The facility reveiwed care plans for all residents currently with behavior problems and on behavior management to ensure all interventions for all residents. The facility completed mood and behavior assessments, and updated careplans related to mood and behavior. The facility provided evidence of daily audits of the mood and behavior. The facility provided evidence of daily audits of the mood and behavior. Observation on 2nd 7N floor through out the follow-up visit revealed staff providing diversional activities to wandering residents. No resident activities to wandering residents. No resident electroal reversident place. Random interviews with facility staff during the revisit confirmed they had received in exercises.	BRISTO	L NURSING HOME		2	61 NORTH STREET	04/18/2012		
notified of alleged sexual assault. The facility completed skin assessments on 100% of the residents on 2nd Tennessee. The facility provided evidence of in-services related to policies and procedures for reporting and investigating abuse immediately; care of residents with Dementia and Dementia related behaviors; implementation and interventions after a behavior has occurred. The facility reveiwed care plans for all residents currently with behavior problems and on behavior management to ensure all interventions are on the care plans and the resident care guides to ensure staff are aware of proper interventions for all residents. The facility completed mood and behavior assessments, and updated careplans related to mood and behavior assessments, and updated careplans related to mood and behavior assessments, and updated careplans related to mood and behavior assessments were called to the Physician. Observation on 2nd TN floor through out the follow-up visit revealed staff providing diversional activities to wandering residents. No resident altercations were noted. The environment was calm with planned activities taking place. Random interviews with facility staff during the revisit confirmed they had received in-services.	PREFIX			PREFIX	CROSS-REFERENCED TO THE AP	OUR DE COUNTY	ION	
I FOIDING TO COMPANY CONTRACTOR AND ADMINISTRACTOR OF THE PROPERTY OF THE PROP	Of second	notified of alleged s The facility complete 100% of the resider The facility provided related to policles at and investigating ab residents with Deme behaviors; implement to ensure the facility reveiwed currently with behavior management to ensure staff are award all residents. The facility complete assessments, and up mood and behavior. The facility provided of the mood and behavior and pustment of the mood and behavior and the mood and beh	exual assault. ed skin assessments on als on 2nd Tennessee. evidence of in-services and procedures for reporting use immediately; care of antia and Dementia related nation and interventions to and implementation and behavior has occurred. care plans for all residents for problems and on behavior ure all interventions are on the resident care guides to are of proper interventions for additional descriptions and the widence of daily audits of or assessments and also were called to the staff providing diversional are sidents. No resident are sidents. No resident are sidents, and the environment was invities taking place, the facility staff during the had received in-services.	(F 226)	assessment on resident # 36 on this resident for signs and sym and to identify possible change symptoms of mood distress sin During the assessment this resis not a good time for her, she with her daughter and at times she would be better off dead. The when the social worker asked it to harm herself. The social workers. The nurse obtained an observation until the resident through out the night and compobservations until the resident psychiatric services. The M.D was notified recommendations for Medication discontinuation of the frequent manager on 2 nd Tennessee. A skin assessment was cresident # 36 on 3/18/2012, 3/300 no bruising or redness. The skin completed by the charge nurse. Resident # 36 care plan refer to psych services, monitor minutes until seen by Psych serv MDS Coordinator, the Quality ASr. Director of clinical services uplan on 03/31/2012. The Corpor Clinical Services and the Corpor Assurance nurse immediately no	a 3/31/2012 to assess ptom of depression es in signs and ce her last assessment. Ident stated that this is having problems a she has thoughts that the resident stated no ner if she had a plan rker notified the order for a Psychiatric rved the resident # 36 pleting thirty minutes was evaluated by and agreed to the on changes and the checks by the unit completed on (2012 which revealed a assessment was was updated with every 15 to 30 pletices. Social Worker, assurance Nurse and updated the care ate Sr. Director of rate Quality utilied the nursing		

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JOINIEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RULTIPLE CONSTRUCTION ILDING	(X3) DATE	O. 0938-03-91 SURVEY LETED
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BRISTO	PROVIDER OR SUPPLIER L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 281 NORTH STREET BRISTOL, TN 37625		16/2012
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	notified of alleged something to the facility provided related to policles and investigating ab residents with Deme behaviors; implement prevent behaviors; anterventions after a The facility reveiwed currently with behavior management to ensure staff are award residents. The facility complete assessments, and the care plans and the care plans and the care plans and the care plans and the ensure staff are award residents. The facility complete assessments, and upmood and behavior. The facility provided the mood and behavior. Observation on 2nd 7 follow-up visit revealer activities to wandering a side of the modeling to the modeling to the modeling the modeling to the modeling the modeling the modeling the modeling to the modeling the	exual assault, ed skin assessments on als on 2nd Tennessee. evidence of in-services and procedures for reporting use immediately; care of antia and Dementia related antiation and interventions to and implementation and behavior has occurred. care plans for all residents for problems and on behavior ure all interventions are on the resident care guides to are of proper interventions for d mood and behavior addated careplans related to evidence of daily audits of or assessments and ants were called to the "N floor through out the ad staff providing diversional ag residents. No resident and. The environment was	{F 2	The M.D was notificated recommendations from psychedication changes and the frequent checks on 4/3/2012. Care plan was updated to ensure the nursing updated to ensure the nursing assistation the morning on 3/30/2012 standing over her bed. He scalapped his arm. Resident # it." Resident # 21 was posservations until he was diat 4:00 pm on 3/30/2012. The social worker conservation in the morning on 3/30/2012. The social worker conservation in the was diat 4:00 pm on 3/30/2012. The social worker conservation in the social worker conservation in the social servation in the soc	chiatric service discontinuation of the with D/C state of the resident continuation of the resident continuation of the resident continuation of the resident continuation of the resident of the scharged another of the resident of the scharged another of the resident of	es for on of the frequent the are guides the frequent the the the the the the the the the th

ORM CM5-2567(02-98) Previous Versions Obsolete

Random interviews with facility staff during the revisit confirmed they had received in-services related to dementia residents and how to care for

Event ID: URYC12

Facility ID: TN8201

If continuation sheet Page 12 of 54

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CENTERS FOR MEDICAR	E & MEDICAID SERVICES			FORM OMB NO	APPROVE (
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	IPLE CONSTRUCTION	COMPLE	URVEY
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AME OF PROVIDER OR SUPPLIER		STI	REET ADDRESS, CITY, STATE, ZIP CODE	041	DIZUIL
BRISTOL NURSING HOME		2	en NORTH STREET BRISTOL, TN 37625		
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The facility provide related to policies: and investigating a residents with Den behaviors; implem prevent behaviors; interventions after The facility reveiwe currently with behaviors and ensure staff are avail residents. The facility comple assessments, and mood and behavion. The facility provide the mood and behavion adjusting Physician. Observation on 2nd follow-up visit reveal activities to wander altercations were not calm with planned and policity confirmed the revisit confirmed the revisit confirmed the revisit confirmed the relations were not calm with planned and revisit confirmed the revisit confirmed the relations were not calm with planned and revisit confirmed the revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and revisit confirmed the relations were not calm with planned and relations	sexual assault, eted skin assessments on ents on 2nd Tennessee. ed evidence of in-services and procedures for reporting abuse immediately; care of mentia and Dementia related entation and interventions to and implementation and a behavior has occurred. ed care plans for all residents evior problems and on behavior assure all interventions are on the resident care guides to vare of proper interventions for ted mood and behavior updated careplans related to	(F 226)	social services, MDS Coordina Nurse and Sr. Director of clini 03/31/2012 to reflect the need t social services of changes in m The Corporate Quality Assura Director of clinical services im charge nurses on duty of the cl care plan. The Director of Nursi care guides to ensure the nursi aware of the care plan change. How will you identify other potential to be affected by the practice and what corrective a All residents on 2 nd Tenness: the same alleged deficient pra- As part of the initial a staff will identify individuals v impaired cognition, problema mental illness. The charge nurses wi of residents with problematic obtain an order for a psychiat medication and or behavior m On 3/30/2012 Staffing (4- staff members resulting in residents on the 7A-7P shift staff members resulting in a residents on the 7P -7A shift increased to six nursing assist and five nursing assistants of soon as the facility can maint levels.	tor Quality As cal services on o notify the Mood and behavince Nurse and mediately notificated as services on 4/11/2012. residents have same alleged dection will be to the with a bistory of the behaviors, which is the property of the pro	D and dors. I the Sr. (fied the o the sident were) In the Sr. (fied the o the sident were) In the Sr. (fied the o the sident were) In the Sr. (fied the or the sident were) In the Sr. (fied the or the sident were) In the sident will represent the sident will be sident will

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DEPAR	KS FOR MEDICARE	DC0547PM13501 HAND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>	FOR	P 15/70 U. WINGIZUM MAPPROVE
DIALEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A BUILD	LTIPLE CONSTRUCTION	(X3) DATE COMP	O. 0938-038 SURVEY LETED
NAME OF S	PROVIDER OR SUPPLIER	445498	e. WING	·		R 16/2012
BRISTO	L NURSING HOME		s	STREET ADDRESS, CITY, STATE, ZIP 261 NORTH STREET BRISTOL, TN 37625		102012
(X4) ID PREFIX TAG	I CEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE	COMPLETION DATE
	The facility provided related to policies are and investigating ab residents with Deme behaviors; in interventions after a The facility reveiwed currently with behaviors the care plans and the ensure staff are award all residents. The facility complete assessments, and up mood and behavior: The facility provided of the mood and behavior: The facility provided of the mood and plans and physician. Observation on 2nd Tollow-up visit reveale activities to wandering aftercations were note activities to wandering aftercations were note and and om interviews we evisit confirmed they	exual assault, ed skin assessments on als on 2nd Tennessee. levidence of in-services and procedures for reporting use immediately; care of antia and Dementia related antiation and interventions to and implementation and behavior has occurred. care plans for all residents or problems and on behavior ure all interventions are on the resident care guides to the of proper interventions for additional descriptions and the service of daily audits of or assessments and antis were called to the To floor through out the did staff providing diversional agresidents. No resident and The environment was	(F 226	file number of staff on 2nd Te Placed a newspaper ad le on Monster.com for C.N. Offering a \$500.5. Offering a \$500.5. Offering a \$250.6. employee that refers othe hired and stay past ninet; A perfect attends twenty-five cent per hour been implemented for nu bensures the fact to properly manage residence for properly manage residence and implementation on: Managing residence bementation on: Managing residence bementation on a behavior. Contracted Hoscheduled to provide the a training began on 4/5/2012 April 11, 2012.	cally, on Craig's I A's, LPN's and F On referral Bonus of the control of the cont	y has ist and, ist and ist current ist are dditional iseriod has or what at the and how s, how to ons e and spice alning.

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		& MEDICAID SERVICES			FOR	MAPPROVE
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE	D. 0938-03E
			A BUILDI	NG	COMP	LETED
		445498	B. WING		1	R
NAME OF	PROVIDER OR SUPPLIER				04/	16/2012
BRISTO	L NURSING HOME		1	reet address, city, state. Zip codi 261 North Street Bristol, TN 37625		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				
PREFIX		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HALLE	CONDLETION DATE
Office	The facility provided related to policles ar and investigating ab residents with Deme behaviors; implement prevent behaviors; a interventions after a The facility reveiwed currently with behavior management to ensure staff are award all residents. The facility completed assessments, and up mood and behavior. The facility provided expended and behavior. The facility provided expended and behavior. The facility provided expended and behavior and behavior behav	exual assault. ed skin assessments on als on 2nd Tennessee. evidence of in-services and procedures for reporting use immediately; care of antia and Dementia related atation and interventions to and implementation and behavior has occurred. Care plans for all residents or problems and on behavior are all interventions are on the resident care guides to are of proper interventions for additional and behavior odated careplans related to be evidence of daily audits of or assessments and antis were called to the staff providing diversional are residents. No resident d. The environment was evidence, and the environment was evidence taking place.	{F 226}	The Corporate Sr. D. Services, corporate Quality / Director of Nursing will re-e- types of abuse, the policy and reporting and investigating a and possible sexual abuse. T 4/2012 and will end on 4/11/2 All staff who missed in-serviced by the staffing co- corporate Quality assurance: allowed to work the floor. Th agency staff. How the corrective act. to ensure that the deficient pract what quality assurance program The charge nurses will Psychoactive Medication mont or the nurses' notes to docume mood and or behaviors. Starting the week of A managers will review the psych monthly flow records daily to e correctly reflects the resident b The flow records will be audite Friday for four weeks and then weeks and then PRN. Unit mangers will give: to the Director of Nursing or th of Nursing during the clinical m through Friday. The Director of Nursing wi audits in the survey readiness bi office. Starting the week of Api of Nursing (DON) or the Assistant of Nursing (DON) or the Assistant	director of clinicassurance Nuraducated all state procedure for buse, Sexual between the training between the training between the in-service ordinator and nurse prior to be facilities do nurse prior to the milliage the historia de pui l'international de l'internat	ical se and or ff on the rehaviors gan on 4/ will be or the being tot use nitored cur; place d and nges in the stion rd e day, nugh nudit ector ector
re	landom interviews with facility staff during the evisit confirmed they had received in-services elated to dementia residents and how to care for		1	Nursing will review the monthly Tennessee weekly for four weeks behaviors are properly decumen	to ensure recie	n 2 nd Ient

behaviors are properly documented.

ORM CMS-2567(02-99) Provious Versions Obsolets

by:

This REQUIREMENT is not met as evidenced

Based on observation and Interview the facility

falled to provide adequate equipment to meet the

needs of one resident (#4) of thirty-nine residents

Event ID: URYC12

Facility ID: TN8201

If continuation sheet Page 43 of 54.

replaced with a table that will extend

The nursing assistant assigned to this

on 3/27/2012 on properly positioning resident in bed during meal time.

resident re-educated by the unit manager

across the bed.

DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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P 17/70
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CENT	ERS FUR MEDICAR	AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	11 Econol 1914	NULTIPLE CONSTRUCTION LDING	OMB NO	0.0838-0391
		445498	8. WI	IG	1000	R
	F PROVIDER OR SUPPLIER OL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP COOR 261 NORTH STREET BRISTOL, TN 37625		6/2012
(X4) IC PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S	HOUNDAE	COMPLETION DATE
{F 246	reviewed. The findings include Resident #4 was ad September 2, 2011, Dementia, Congestin Pericardial Disease. Medical record revise dated March 12, 201 required moderate a making, had short an problems, and required is activities of daily if Observation on March revealed the resident's Observation revealed the resident's Observation revealed the resident top of the mattress. O revealed the resident Interview with a Licen March 27, 2012, at 7:	d: mitted to the facility on with diagnoses including we Heart Failure, and w of the Minimum Data Set 2, revealed the resident ssistance with decision ad long term memory ed extensive assistance with ving, h 27, 2012, at 7:38 a.m., lying in bed on the right room, eating breakfast. I the breakfast tray was on a to the height even with the continued observation dropping food in the bed, sed Practical Nurse (#6) on 50 a.m., in the resident's	{F 24	potential to be affected deficient practice and action will be taken All residents have the paffected. Residents identified as where checked and repneeded. 3. Measures/systemic chan implemented to ensure a deficient practice does not starting the week of Aprimanagers and or Charge monitor positioning of restimes for two meal per dathen one meal daily for two PRN. Starting on April 26th the stre-education on proper position of proper position of proper position on proper position of proper position of proper position on proper position of proper position	ed by the same what correct what correct what correct contential to be cating in bed ositioned as the alleged to reoccur it 23 rd the Unit curses will curse will end to week and staff will receivable of the correct correc	e tive
{F 248}	room, confirmed the to designed to extend a	pedside table was not cross the resident's bed and meet the needs of the	{ ₽ 248	residents during meals by DON, ADON, Staff Devel Quality Assurance Nurse veducation.	5/11/2012. Th	
SS=D	The facility must provi of activities designed the the comprehensive as	OF EACH RES de for an ongoing program o meet, in accordance with sessment, the interests and	{r 248	Staff will be in serviced pr allowed to return to the flo	or.	
	the physical, mental, a of each resident.	nd psychosocial well-being		In services will be added to orientation packet.	the	

2012-04-18 14:51 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A		TIPLE CONSTRUCTION	(X3) DATE S	
		445498	B. Wit	NG		1	R 16/2012
	PROVIDER OR SUPPLIER L NURSING HOME			s	TREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625	04/7	16/2012
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	HORE	COMPLETION DATE
(F 246) (F 248) SS=D	reviewed. The findings included Resident #4 was act September 2, 2011 Dementia, Congest Pericardial Disease Medical record revided March 12, 20 required moderate a making, had short a problems, and requiall activities of daily Observation on Marrevealed the resident Observation revealed top of the mattress revealed the resident Interview with a Lice March 27, 2012, at room, confirmed the designed to extend it was not adequate resident 483.15(f)(1) ACTIVI INTERESTS/NEED.	imitted to the facility on with diagnoses including ive Heart Failure, and wo of the Minimum Data Set 12, revealed the resident assistance with decision and long term memory ired extensive assistance with living. The 17, 2012, at 7:38 a.m., at lying in bed on the right is room, eating breakfast, at the height even with the Continued observation at dropping food in the bed. The sense Practical Nurse (#6) on 7:50 a.m., in the resident's bedside table was not across the resident's bed and to meet the needs of the	{F 2		ensure the deficient practice reoccur: DON/designee will report for to the Quality Assurance Compositions of Nursing, Medical I Business Office Manager, Diet Activities Director, Social Servand Therapy Manager) monthly The Quality Assurance con (Administrator, Director of Nursing Director, Business Office I Dietary Manager, Activities Social Services Director, a Manager) will make recomposition of the proceeding the proceeding of the proceeding of the proceeding the proceeding of the proceed	etice will no adings of au mittee rsing, Assis Director, ary Manage vices Director, mittee f Nursing, ing, Medica Manager, s Director, ind Therapy mendations	dits tam or,

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P 17/70
FORM APPROVED
OMB NO. 0938-0381

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDEN/SUPPLIEN/SUPP	Tame			OMB NO	APPROVED 0. 0938-03-91
ND PLAN C	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:		LDING	LE CONSTRUCTION	(X3) DATE S	
		445498	B. WIN	IG		04/	16/2012
	ROVIDER OR SUPPLIER			26	EET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH STREET RISTOL, YN 37625		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI YAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
(F 246)	Continued From pa reviewed.	ge 13	{F 2	46)			
	The findings include	ed:					
	September 2, 2011	imitted to the facility on , with diagnoses including live Heart Failure, and					
	dated March 12, 20 required moderate making, had short a	ew of the Minimum Data Set 112, revealed the resident assistance with decision and long term memory tired extensive assistance with living,			F248 1. Corrective Action(s) w accomplished for those to been affected by the practice:	those resident found	
	revealed the resident side, in the resident Observation reveal bedside table raises top of the mattress.	rch 27, 2012, at 7:38 a.m., nt lying in bed on the right t's room, eating breakfast. ed the breakfast tray was on a d to the height even with the Continued observation nt dropping food in the bed.			Resident # 17 was covered towel and taken to the sho redressed by the charge manner of the redressed by the charge minute observations by the from 7:15 am to 7:00 pm.	wer room a rse on 3/27 d on fifteer	7/2012
IE 2401	March 27, 2012, at room, confirmed the designed to extend	ensed Practical Nurse (#6) on 7;50 a.m., in the resident's e bedside table was not across the resident's bed and to meet the needs of the	{F :	248)	 Identify other resident potential to be affected deficient practice and action will be taken Residents on 2nd Tennes identified by the MDS reference and helps 	by the sai what corre ssee were esponse to	me ective section
(F 248) SS=D	INTERESTS/NEED The facility must proof activities designed the comprehensive	ovide for an ongoing program act to meet, in accordance with assessment, the Interests and II, and psychosocial well-being	•		E for wandering and bel plans were updated. Residents are assessed u quarterly, and with sign identify behaviors to inc	ipon admis	sion,

2012-04-18 14:51 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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P 18/70 FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	1 APPROVED 0, 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA (DENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S	SURVEY
		445498	B. WING		DAIS	R 16/2012
1	PROVIDER OR SUPPLIER L NURSING HOME		1 2	REET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625	U4/	15/2012
(X4) ID PREFIX YAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED OF T	DLD 8E	COMPLETION DAYE
(F 248)	Continued From particles of call from the resident (#17 reviewed. The findings include Resident #17 was a October 28, 2011, with the remaining of Gait, Thrive, and Senile (MDS) dated Januaresident required exident was constant resident resid	ge 14 IT is not met as evidenced record review, observation, cility falled to meet the needs of thirty-nine residents of the facility on with diagnoses including acial Fractures, Dementia, Muscle Weakness, Failure to Cachexia. The Word of the Minimum Data Set the solve assistance with diagnose assistance with diagnost and long term ras totally dependent for nig. The 26, 2012, at 2:52 p.m., and 4:23 p.m., March 28, and March 29, 2012, at 8:00 of 1:44 p.m., revealed the nity wandering in an out of nis without redirection or	(F 248)	Nursing staff received ed managing residents with include wandering on 4/1 education was provided hospice provider and or t Director of Nursing. Nursing staff will be in se being allowed to work the In services will be added orientation packet. Starting week of April 23 will document resident be psychoactive medication record and or in the nurse Starting week of April 23 will addit the psychoactive monthly flow record daily through Friday for two weekly for two weeks. Unit managers will report	nges e the allegenot reoccur aucation on behaviors to 1/2012. The by the corpo he Assistant erviced price e floor. to the dead Charge in chaviors on monthly flo se' notes. and Unit man we medication y Monday eeks and the taudit findit	ed one orate of the ow one one one orate of the ow one one one one of the ow of the ow
72.5 000	Observation on Mar- 3;06 p.m., revealed resident's room with observation revealer wheelchair with the I	ch 26, 2012, at 3:01 p.m. to the resident was in another the door shut. Continued d the resident was sitting in a pottom drawer of the bedside e resident in B bed opened.		in the daily clinical meeti through Friday. Audit tools will be mainta DON's office.	ng Monday	

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P 21/70
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FORM APPROVED

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES		0032123042 >>	P 21/70
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED
SIATEME	NT OF DEFINITIONS	WILLIAM SERVICES			OMB NO. 0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION ILDING	(X3) DATE SURVEY COMPLETED
	8	445498	8. WI	NG	R
NAME OF	PROVIDER OR SUPPLIER	445438		Y	04/16/2012
100000000000				STREET ADDRESS, CITY, STATE, ZIP CODE	
BRISTO	OL NURSING HOME			261 NORTH STREET	1
(X4) ID	CUMMADY STA	TEMENT OF DEFICIENCIES	-	BRISTOL, TN 37625	_
PREFIX	1 (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		UI O BE COMPLETION
(F 256) SS=F	confirmed "folding to the resident's attent residents go into oth bring them to day ro interview on March: first floor conference two planned activities and staff had not be activities with reside confirmed there wer the facility with plans staff for the second confirmed "when (re they are more settled challenging to meet residents." Further in Director confirmed the improvement on the Interview with LPN #1:37p.m., at the 2nd station, confirmed "as supervision isn't a provention isn't approvement on the LIGHTING LEVELS. The facility must prove comfortable lighting is the REQUIREMENT by: Based on observation individual interviews the station in	owels is an activity that keeps ion the longest" and when her residents rooms "staff from for re-direction." Further 29, 2012, at 3:01 p.m., in the eroom, confirmed there was a per day on the second floor en instructed on doing nts. Further interview e three activity personnel for a to hire additional activity floor. Further interview sidents) engaged in activities did and calm and it is very the needs of the differing interview with the Activity here was opportunity for second floor. Son March 29, 2012, at Tennessee floor nurses is long as we have activities, obtem." ATE & COMFORTABLE Indeed adequate and evels in all areas. Is not met as evidenced in group interview and he facility failed to provide the needs of residents and		Starting the week of April weeks the Administrator, I Nurse manager will make of 2nd Tennessee at least daily Friday to ensure staff are p divisional activities and inconstructions. 4. Corrective actions will be ensure the deficient prace reoccur: DON/designee will report audits to the Quality Assur Committee monthly until of achieved. The Quality Assurance Commake recommendations to improve the process and de compliance has been achie F 256 1. Corrective Action(s)	DONADON of observations of Monday thru roviding creased resider to tice will not findings of rance compliance is mmittee will revise or etermine when yed. will be se resident found to deficient to the mination. the bulbs changed

CENTE	RS FOR MEDICAR	DC0547PM13501 IT AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >>	FORM	P 22/70
HAICMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	(X3) DATE:	0,0938-0391 SURVEY
		445498	B. Wil			R
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04/	16/2012
	L NURSING HOME			261 NORTH STREET BRISTOL, TN 37625		
(X4) ID PREFIX YAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF.	IX (EACH CORRECTIVE ACTION SHO	III O DE	COMPLETION DATE
(F 256)	Continued From pa	age 18	{F 2			
	revealed seven out the 100 and 200 ha complaint's: "nee awfulpodlatrist ha	d more lightinglighting is as difficulty seeing"		2. Identify other reside potential to be affect deficient practice an action will be taken All residents and staff to be affected by this a practice.	d what cor	ame rective
!	hall, revealed the hallshing. Continued	medication administration on 5:30 p.m., on the 100 short allway to have very dim tobservation revealed the Nurse (LPN) #3 squinting the lin for a resident.		3. Measures/systemic cha implemented to ensure deficient practice does	the allegad	
	lightning was not ad	K3 on March 27, 2012, at 5:40 ort hall, confirmed the equate to do resident care.	10	Lighting fixtures in resid hall ways will be checked to ensure proper and increase is in place.	d by mainter	Danci
272}	hall, confirmed they complaints about the	were always receiving a lighting. "wall lighting (ays nurse's and resident's	(F-27 /	The Chief Executive Offi or Activity Director starti 2012 will discuss lighting resident council meeting resident's state that they a the lighting levels.	ng on April levels in the monthly unt	25, e il th
n	i comprenensive, ac	duct initially and periodically curate, standardized nent of each resident's		Starting on April 25, 201 interview three to five staresidents weekly for four	off members weeks and	an thei
a re b	esident assessment	a comprehensive dent's needs, using the instrument (RAI) specified sessment must include at		PRN to ensure the resider satisfied with the lighting	ats and staff	arı

CENTE	KS FOR MEDICARI	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>	FORMA	PROVED
INTEMER	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE SUR	938-0391 VEY
-1000000		445498	B. WIN	26	R	
VAME OF F	PROVIDER OR SUPPLIER	110,000	 ,		04/16/2	012
	L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37626		
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		IDOBE /	DATE DATE
(F 256)	Continued From pa	ge 18	(F 25			
	revealed seven out the 100 and 200 ha complaint's: "need awfulpodiatrist ha	of seven residents residing on the staff lounge, of seven residents residing on the following that the following is more lightinglighting is sifficulty seeing"		reoccur: The Chief Executive Office the findings of the interview	ensure the deficient practice will not	
	hall, revealed the hall hall, revealed the hall lightning.	medication administration on 5:30 p.m., on the 100 short allway to have very dim observation revealed the furse (LPN) #3 squinting the in for a resident.		The Quality Assurance Con (Administrator, Director of Assistant Director of Nursi Director, Business Office I Dietary Manager, Activitie Social Services Director, an	Nursing, ng, Medical Manager, s Director, nd Therapy	
	p.m., on the 100 sno	3 on March 27, 2012, at 5:40 ort hall, confirmed the equate to do resident care.		Manager) will make recom revise or improve the proce determine when compliance achieved.	ss and	
= 272)	march 29, 2012, at 8 hall, confirmed they complaints about the	cility Maintenance Director on :30 a.m., on the 200 short were always receiving lightingwall lighting ays nurse's and resident's	{F 272	1. Corrective Action(s) w	dN be	
ļ i	a comprehensive, ac	duct initially and periodically curate, standardized nent of each resident's		accomplished for those to been affected by the practice Quarterly pain assessme for resident #3 on 3/27	nt was complet	
a to b	esident assessment	e comprehensive fent's needs, using the instrument (RAI) specified essment must include at		pain assessment for residual completed on 3/29/2012	lent #9 was	5

CLIVIC	RS FOR MEDICARE	AND HUMAN SERVICES MEDICAID SERVICES		8652125642 >>	PKIN I E	P 23/70 U: U41181201 MAPPROVE
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JETIPLE CONSTRUCTION DING	(X3) DATE COMP	0. 0938-039 SURVEY LETED
		445498	8, WING	G	1	R
BRISTO	ROVIDER OR SUPPLIER L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625	04/	16/2012
PREFIX TAG		FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	חווו ח הכ	COMPLETION DATE
	Cognitive patterns; Cognitive patterns; Communication; Vislon; Mood and behavior prychosocial well-be Physical functioning Continence; Disease diagnosis and Dental and nutritiona Skin conditions; Activity pursuit; Medications; Special treatments and Discharge potential; Documentation of suithe additional assess areas triggered by the Data Set (MDS); and	mographic information; patterns; eing; and structural problems; and health conditions;	{F 27:	2) 2. Identify other resident potential to be affected deficient practice and action will be taken. All residents have the period affected by the same deficient practice. The DON, ADON, Nurse Quality Assurance Nurse Chart review on 100% of records by 5/11/2012 to quarterly pain assessment completed. 3. Measures/systemic chaimplemented to ensure deficient practice does	by the sam what correct etential to be dicient practi the manager as the will complete the resider the resider the nesure as that been	e citive cice. and on lete a ant
	his REQUIREMENT	is not met as evidenced		Starting on April 25th the and or Quality Assuranc audit five charts weekly ensure quarterly pain ass	e Nurse will for four wee	k to

by: Based on medical record review and interview

Resident #3 was admitted to the facility on April 22, 2011, with diagnoses including Mental Disorder, Glaucoma, and Late Stage Dementia.

the facility failed to complete quarterly pain evaluations for two residents (#3, #9) of

thrity-nine residnets reviewed.

been completed.

audits to the DON.

Nurse managers will report the result of

PELAH	TO 14:24	AND HUMAN SERVICES		8652125642 >>	FORM	P 24/70 J. WHIDIAU 12 MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	ULTIPLE CONSTRUCTION DING	COMP NO	0.0938-0391 SURVEY
		445498	B. WIN	G	OAI	R 16/2012
	PROVIDER OR SUPPLIER L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625	<u>ue/</u>	16/2012
(X4) ID PREFIX TAG	I CACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	UIDRE	COMPLETION DATE
	revealed the most in was November 18, 3 Pain Evaluation reve quarterly. Interview and medic Minimum Data Set (in the MDS office, or a.m., confirmed the completed quarterly. Resident #9 was add January 30, 2003, w Altered Mental Statu Diabetes Mellitus. Medical record revierevealed the most rewas December 17, 2	ew of a facility Pain Evaluation ecent completed evaluation 2011. Continued review of the ealed it was to be completed al record review with MDS) coordinator #1 and #2, in March 29, 2012, at 9:20 Pain Evaluation was not	{F 27	4. Corrective actions will ensure the deficient pra reoccur: DON and or ADON will of audits to the Quality A Committee monthly. The Quality Assurance of (Administrator, Director Assistant Director of Nur Director, Business Office Dietary Manager, Activity Social Services Director, Manager) will make reconcevise or improve the prodetermine when compliant achieved.	report find assurance ommittee of Nursing, sing, Medi Manager, ies Directo and Therap mmendatio cess and	ings cal r, by ons to
(F 273) SS=D	in the MDS office, on a.m., confirmed the F completed quarterly. 483.20(b)(2)(i) COMF ASSESSMENT 14 D. A facility must conduct assessment of a resident after admission, exclusion, exclusion.	MDS) coordinator #1 and #2, March 29, 2012, at 9:20 Pain Evaluation was not PREHENSIVE AYS AFTER ADMIT	{F 273	F 273 1. Corrective Action(s) with accomplished for those to been affected by the practice A comprehensive assess updated with care plan republicated as needed on res 3/26/2012 by the MDS control of the practice of the p	resident for deficient ment was eviewed an	nd

comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's 2012-04-18 14:56 DC0547PM13501
DEFARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

8652125642 >>

P 26/70

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLA			OMP N	MAPPROVED 0,0938-0391
AND PLA	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI		(X3) DATE	SURVEY
NAME OF	PROVIDER OR SUPPLIER	445498	B. WING		1	R
	OL NURSING HOME		1 3	REET ADDRESS, CITY, STATE, ZIP CODE	04/	16/2012
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		BRISTOL, TN 37625		
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRICIENCY)		COMPLETION DATE
	assessment. The care plan must to be furnished to at highest practicable period psychosocial well-be \$483.25; and any se be required under \$483.10, including the under \$483.10, including the under \$483.10(b)(4). This REQUIREMENT by: Based on medical reduction, observed in the facility falled to compitance on April 16 conducted on April 16 confucted on April 16 corrective actions impremoved the Immedia Non-compliance for Frievel citation (potential narm). The findings included: Validation of the Credition o	describe the services that are tain or maintain the resident's obysical, mental, and sing as required under revices that would otherwise 183.25 but are not provided exercise of rights under re right to refuse treatment I is not met as evidenced record review, review of facility reation, and Interview, the lete a behavior care plan for #35, #33) of thirty-nine Credible Allegation of 11, 2012. A revisit, 2012. Revealed the lemented on April 11, 2012. Its Jeopardy. 279 continues at an "E" for more than minimal on facility policy review.	(F 279)	Starting the week of April DON/ADON or Quality A Nurse will audit new admit readmitted resident medical fourteen to twenty days after the completed. Starting the week of April 2 DON/ADON, unit manager Quality Assurance Nurse with medical record of new admit readmitted resident weekly weeks and then PRN to ensintering care plan has been detimely. 4. Corrective actions will be to ensure the deficient practice of audits to the Quality Assurance committee monthly. Social Services Director of Nursing, Director, Business Office Manager) will make recommer revise or improve the process a determine when compliance has achieved.	ssurance t and or I records in the radmission of the sand or ill audit the t and or for eight the eveloped emonitore tice will not the time and or for eight the emonitore tice will not the time and the emonitore tice will not	sessment of

MELAK	-18 14:57	DC0547PM13501 AND HUMAN SERVICES	86	52125642 >>	FRINIEL	P 28/70 WHIDIZU I	4
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	0938-039	} 1
AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE S	URVEY	
		445498	B. WING _		(i) contract	R]
NAME OF P	ROVIDER OR SUPPLIER		CTD	EET ADDRESS, CITY, STATE, ZIP CODE	04/1	6/2012	4
	NURSING HOME		26	RISTOL, TN 37625			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO RE	COMPLETION DATE	
(F 279)	deficient practice de corrective measure	pes not recur and the facility's sould be reviewed and	(F 279)				
(F 280) SS=D	483.20(d)(3), 483.1	pality Assurance Committee. 0(k)(2) RIGHT TO NNING CARE-REVISE CP	{F 280}	F 280			
	incompetent or othe incapacitated under	the laws of the State, to		 Corrective Action(s) v accomplished for thos to been affected by the practice 	hose resident found		
	within 7 days after to comprehensive ass	essment: prepared by an		The care plan for reside on by the MDS Coordi			
	physician, a register for the resident, and disciplines as detern and, to the extent pr the resident, the res	im, that includes the attending ared nurse with responsibility of other appropriate staff in mined by the resident's needs, tracticable, the participation of sident's family or the resident's		 Identify other resident potential to be affected deficient practice and action will be taken 	d by the sa	me ective	5-17-la
	and revised by a tea each assessment.	and periodically reviewed m of qualified persons after	9	All residents admitted to the potential to be affect deficient practice.		marc	5.11.
	by: Based on medical re the facility failed to re	T is not met as evidenced ecord review and interview, avise the care plan for one -nine residents reviewed.		Resident admitted or rea after 3/19/2012 had cha- updated care plans and care plans updated as no	rt checks for any found h	r.	
ĺ	October 9, 2006, with Diabetes Mellitus, Diabetes	nitted to the facility on a diagnoses including amentia, Osteoarthritis, and Pulmonary Disease. After a					

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: URYC12

Facility ID: TN8201

If continuation sheet Page 28 of 64

ORM CMS-2567(02-89) Previous Versions Obsolete

residents reviewed.

The findings included:

one resident (#1), and falled to provide nutritional supplements for one resident (#32) of thirty-nine

Resident #1 was admitted to the facility on March 20, 2012, with diagnoses including Congestive Heart Failure, Diabetes, Kidney Failure, and

Event ID; URYC12

Facility ID: TN8201

Committee monthly.

The Quality Assurance committee (Administrator, Director of Nursing,

Assistant Director of Nursing, Medical Director, Business Office Manager.

If continuation sheet Page 26 of 54

2012-	04-1	8 14	:57

2012-04-18 14:57 DC0547PM13501
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

8652125642 >>

P 29/70 FORMAPPROVED

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) 111	JLTIPLE CONSTRUCTION		<u> 0938-03-91</u>	1	
MAU PLAN	IDENTIFICATION NUMBER;		A. BUIL			(X3) DATE SURVEY COMPLETED		
		445498	B. WIN	6	1	R	1	
NAME OF	PROVIDER OR SUPPLIER		4	CYCET ADDRESS AND AVAILE BID A		16/2012	_]	
BRISTO	L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP C 261 NORTH STREET BRISTOL, TN 37625	ODE			
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION DATE		
{F 281} SS=0	resident was readn 16, 2012. Medical record revireviewed on Februi plan had only been therapy. Continued for the hip fracture, devices. Interview with Minin Coordinator #1 on N in the MDS office, conot updated after the 16, 2012 for the hip new devices. 483.20(k)(3)(i) SER PROFESSIONAL S	February 10, 2012, the nitted to the facility on February ew of the Plan of Care last ary 17, 2012, revealed the care updated to reflect physical review revealed no revisions staples, mobility, or new num Data Set (MDS) March 29, 2012, at 2:00 p.m., confirmed the care plan was e readmission on February fracture, staples, mobility, or	{F 28	Dietary Manager, Activities Director, Social Services Director, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.		s to	5-17	
	by: Based on medical rand interview, the fa Physician's Orders fone resident (#1), ar supplements for one residents reviewed. The findings includer Resident #1 was adr 20, 2012, with diagno	or oxygen administration for and failed to provide nutritional resident (#32) of thirty-nine						

2012-0	4-18	14:57
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2012-04-18 14:57 DC0547PM13501
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

8652125642 >>

P 29/70 FRIM I ED: WIBRO TZ FORM APPROVED

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING .	NSTRUCTION	_	(X3) DATE SURVEY COMPLETED R		1
NAME OF PR	OVIDER OR SUPPLIER	445498	B. Wit	NG			04/16/2012		
	NURSING HOME	_		261 NOS	DDRESS, CITY, SYATE, ZIP RTH SYREET DL, TN 37625	CODE			1
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	OX .	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT ROSS-REFERENCED TO T DEFICIENCE	ION SHOU	ND BE	COMPLETION (X3)	1
F 281) P T m Tiby E are re re 20	desident was readmed (6, 2012.) Medical record reviewed on February (1) and herapy. Continued for the hip fracture, levices. Interview with Minimal (1) and the MDS office, continued after the metal after the metal profession and interview, the fact that interviewed. The findings included after the findings included after the metal after the meta	ew of the Plan of Care last ary 17, 2012, revealed the care updated to reflect physical review revealed no revisions staples, mobility, or new num Data Set (MDS) March 29, 2012, at 2:00 p.m., onfirmed the care plan was e readmission on February fracture, staples, mobility, or VICES PROVIDED MEET TANDARDS and or arranged by the facility onal standards of quality. T is not met as evidenced ecord review, observation, clity failed to follow or oxygen administration for and falled to provide nutritional resident (#32) of thirty-nine	{F 2	31)	281 1. Corrective Acti accomplished for to been affected practice. The charge nurse the O2 to 4L as of the Dictary man Mighty Shake up March 30, 2012. A physician order 3/31/2012 to discresident # 32.	on(s) with or those by the commend ordered.	resident for deficient intelligence intellig	ound eased ook a	5

8652125642 >>

P 30/70

STATEMEN	IT OF DEFICIENCIES	E & MEDICAID SERVICES			FOR	MAPPROVED
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) STULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE	0. 0938-0391 SURVEY LETED
		445498	B. WING_		}	R
	PROVIDER OR SUPPLIER L NURSING HOME		28	EET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH STREET	04/	16/2012
(X4) (D	SUMMARY ST	ATEMENT OF DEFICIENCIES		RISTOL, TN 37625		
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	10000	COMPLETION DATE
	Hypertension, Medical record revice dated March 21, 20 no problem with de memory problems, assistance with all Review of a Physic March 20, 2012, re (Liters) NC (Nasal of Construction on March 27, 2012 resident lying in bed liters per nasal cand Observation and intersident lying in bed liters per nasal cand Observation and intersident lying in bed liters per nasal cand Observation and intersident lying in bed liters per nasal cand Observation and intersident lying in bed liters per nasal cand Observation and intersident lying at 3.5 leading at 3.5 leadin	iew of the Minimum Data Set D12, revealed the resident had ocision making, had short term and required extensive activities of daily living. ian's Admission Order dated vealed, "O2 (Oxygen) 4L cannula)" rch 26, 2012, at 10:00 a.m., 2, at 9:25 a.m., revealed the did with oxygen infusing at 3.5 hula. erview with a Licensed on March 27, 2012, at 9:25 com, confirmed the oxygen iters per nasal cannula and clan's Orders was for 4 liters. eadmitted to the facility on ith diagnoses including and Anal Hemorrhage, tic lieus, Adult Failure to be some period of the period of the period of the period of the sonile Dementia	(F 281)	2. Identify other residents potential to be affected a deficient practice and waction will be taken The DON, ADON, and or manager reviewed the charesidents with an order for supplement on 4/17/2012 physician order had been cappropriate dictary supplement of the DON, ADON, and or reviewed residents with Occorrectness of liter complete 2012. Starting the week of April 2 nurses, ADON, DON will of meal tray of residents with a dictary supplement to ensure supplement is sent up on the 3. Measures/systemic changes implemented to ensure the deficient practice does not a Starting the week of April 23 nurses, ADON, DON will au trays daily Monday through I ensure Dictary supplements a	Dietary rt of all a dietary to ensure a obtained for ment. Nurse Man to check f ted April 26 3rd the char becrye the morder for the meal tray. te alleged reoccur a the char dit meal	e tive the age for 5, ge a

{F 314}

SS=G

resident since March 19, 2012.

483.25(c) TREATMENT/SVCS TO

PREVENT/HEAL PRESSURE SORES

Based on the comprehensive assessment of a resident, the facility must ensure that a resident

(F 314)

DEPAR	NO FUR MEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		865	2125642 >>	PKIN I EI	P 32/70	17
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		91
UALAT OF		445498	B. WIN	VG		1	R	1
	NAME OF PROVIDER OR SUPPLIER BRISTOL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 251 NORTH STREET BRISTOL, TN 37625				
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	11115 00	COMPLETION DATE	,
	individual's clinical of they were unavoidated pressure sores recesservices to promote prevent new sores from the policy review, and into the policy review for the president #8 was admitted to the policy p	ty without pressure sores essure sores unless the condition demonstrates that ole; and a resident having lives necessary treatment and healing, prevent infection and form developing. T is not met as evidenced excord review, observation, ear's recommendations, erview, the facility failed to repriately provide complete and interventions to prevent dents reviewed, who is ulcer on the facility on diagnoses including mentia, Osteoarthritis, and bruary 10, 2012, the ed to the facility on February of the Minimum Data Set 15, 2012, revealed the insive assistance with short and long term incontinent of bowel and	{F 31	14)	1 Corrective Action(s) wi accomplished for those to been affected by the epractice: A skin assessment was coresident # 8 on 3/28/2012 obtained to discontinue the and implement a Zero Supressure reduction device. 2. Identify other residents potential to be affected hedeficient practice and whaction will be taken: All residents have the potential affected by this alleged defected by this alleged defected by this alleged defected by the assessment on all residents from 4/9/2012 to 4/11/201 found where addressed and A skin assessment will be call residents upon admissional residents	resident for deficient completed on the waffle be spension to having the same that correct ential to be efficient practical skin in the facil 2 an wound in care plann	was pots he ive tice lity s ed.	5-11-1

bladder, required extensive assistance with transfers, was totally dependent for mobility, and was at risk for developing pressure ulcers.

PECAL	CHUENTOR MEALD	AND HUMAN SERVICES		86521256	542 >>		P 33/70
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				PKINIE	U: 04/18/2012
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MI	ULTIPLE CON	STRUCTION	OMB NO	MAPPROVED D. 0938-0391 SURVEY
		445498	8. WIN	-			R
NAME OF	PROVIDER OR SUPPLIER	1 4436				04/	16/2012
	L NURSING HOME			281 NORT	RESS, CITY, STATE, ZIP CODE H STREET , TN 37625		
PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFID TAG	K (E	PROVIDER'S PLAN OF CORRECT ACCH CORRECTIVE ACTION SHOLL SS-REFERENCED TO THE APPRI DEFICIENCY)	1000	CONSTETION DATE
{F 314}	"maintain intact sk	W of the Plan of Core ford	{F 31	3.	Measures/systemic chan implemented to ensure deficient practice does nurses will complete.	the alleg ot reoccu	r:
	28, 2011, revealed a the resident was at r for predicting pressu	9			skin assessment on all res- scheduled. The nursing assistants will charge nurses of skin issue on shower days and or dur	l notify th	oted
l	revealed a Braden S (moderate risk) and t	w of an Admission Evaluation n, dated February 16, 2012, kin score of fourteen he skin assessment for the vealed no abnormalities.			DON, ADON, Quality As- and or Treatment Nurse w training to the nursing staf pressure ulcer prevention 1	ill provide f regardin	0
	2012, revealed "wa	y of a facility treatment , 2012, through March 31, ffle boots on when in bed to			Nursing staff will be in ser allowing them to work the In services will be added to	flaor.	5-17-
1	Review of manufactur Foot Waffle Brand Al revealed "visually or	rer's recommendations in Cushions, not dated, hand check that the heel is seck should be performed at			orientation packet. Starting the week of April DON\ADON and or Nurse make observations of patie wounds ensuring treatment preventative devices are in day for 7 days then daily for	23 rd the Managers nts with and place 2 tin	
r p w	reekly basisthe at-ri lentifled and have into	vised October 2010			Starting the week of April 2 ADON, or Unit managers weekly skin assessment boo four weeks and then PRN.to compliance.	23 the DO vill audit to	he

D12-04-18 15:00 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROMDERS LIDER SERVICES			865	2125642 >>	P 34/70 PRINTED: 04/18/2012 FORM APPROVED OMB NO. 0838-0381		
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER:		A BU	ILDING	E CONSTRUCTION	(X3) DATE:	SURVEY LETED	
NAME OF PROVIDER OR SUPPLIER	B. Wil		ET ADDRESS, CITY, STATE, ZIP CODE	04/	R 16/2012		
BRISTOL NURSING HOME			261	NORTH STREET ISTOL, TN 37625			
PREFIX A SEACH OFFICIENC	ATEMENT OF DEFICIENCIES Y MUST 8E PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	11000	COMPLETION DATE	
Observation on Mathe men's shower wound to the left hitssue loss). Observation on Mathe resident's room the bed sleeping with chair at the bottom. Observation and in Nurse (LPN) #4 on in the resident's room a wound on the left related to pressure. Observation and int Nurse (LPN) #9 on in the resident's root in the resident's root in the resident's root lying in bed with the Observation and int Assistant (CNA) #2	lew revealed no documentation assments. Irch 27, 2012, at 10:30 a.m., in room, revealed a dime size sel with escar (full thickness arch 27, 2012, at 3:06 p.m., in revealed the resident lying in the waffle boots lying on a of the bed. Iterview with Licensed Practical March 27, 2012, at 3:12 p.m., om, confirmed the presence of heel and the wound was on the resident's heals. erview with Licensed Practical March 27, 2012, at 3:21 p.m., on, the resident's heals.	{F 3	14)	4. Corrective actions will be ensure the deficient practice reoccur: DON and or ADON will of audits to the Quality A. Committee monthly. The Quality Assurance of (Administrator, Director of Assistant Director of Nurs Director, Business Office)	report find ssurance ommittee of Nursing,	ings	

resident's heel was resting against the sheet.

Observation and interview with LPN #6 on March

28, 2012, at 1:52 p.m., in the resident's room, confirmed the resident's heels were touching the bed and the resident had been wearing the waffle boots since returning from the hospital.

Observation and interview with LPN #7 on March 28, 2012, at 1:55 p.m., in the resident's room, confirmed waffle boots were supposed to float

2012-04-18 15:00 DC0547PM13501

CENTERS FOR MEDICARE & MEDICARE

8652125642 >>

P 35/70

		E & MEDICAID SERVICES			FOR	MAPPROVED
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		Q(3) DATE	LETED
NAME O	F PROVIDER OR SUPPLIER	445498	B. WING	· 	1	R
BRIST (X4) II	OL NURSING HOME	AYGMENT		STREET ADDRESS, CITY, STATE, ZIP COD 261 NORTH STREET BRISTOL, TN 37625	DE	16/2012
TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	PROMO BE	COMPLETION DATE
{F 314	heels and "no one that the residents had the residents had the residents had the resident and in 28, 2012, at 2:46 places were "elevate waffle boots did not resident's heel. Fur wound was identified black escar and the 1.5 centimeters (crinterview confirmed	has looked at boots" to verify teels were floated. Continued theels were not floated. derview with LPN #9 on March m., confirmed the resident's divery little, if any" and the keep pressure off the their interview confirmed the dion March 14, 2012, was measurements were length by 1.5 cm wide. Further that the resident had not skin assessments prior to	(F 314			
5546	Telephone interview on March 29, 2012, physician was not avelevate the heel off tulcer could have been elevated off the 483.25(d) NO CATH RESTORE BLADDE Based on the resider assessment, the facinesident who enters to indwelling catheter is resident's clinical concatheterization was now hold incontinent of treatment and service infections and to restafunction as possible.	ETER, PREVENT UTI, R It's comprehensive	{F 315}	1. Corrective Action(s) accomplished for those to been affected by the practice: Resident #8 skin condition by the treatment nurse, of obtained from the Physical hydrocolloid dressing an updated on 3/28/2012. The charge nurse complet Bladder assessment on R 3/29/2012. Resident was check and change every the diagnosis of Dementia. Care plan for resident #9 3/29/2012.	eresident four deficient on was assessed order was cian for a d the care plan eted a Bowel a desident #9 on placed on a two hours due	ed S-1)

DC0547PM13501

8652125642 >>

DEPAR	TMENT OF HEALT	DCU347PM13501		8652125642 >>		P 36/70
CENTE	RS FOR MEDICARI	AND HUMAN SERVICES			PHINIE	J: U9/76/
TATEMEN	IT OF DEFICIENCIES	A MEDICAID SERVICES	<u></u>		~ORI	MAPPROVED
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A BUI	LDING		
		445498	B. WIN	IG		R
NAME OF	PROVIDER OR SUPPLIER			CYRCEY ADDRESS AND ASSESS AND ASS	04/	15/2012
BRISTO	L nursing home			STREET ADDRESS, CITY, STATE, 2IP COD 261 NORTH STREET	E	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		BRISTOL, TN 37625		
PREFIX		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG			COMPLETION DATE
	by: Based on medical and Interview the fall appropriate incontin (#8), failed to compliassessment for one reassess the decline resident (#9) of thirty. The facility's fallure is caused harm to resident (#9) of thirty. The findings included Resident #8 was addressed harm to resident #8 was readmit 16, 2012. Medical record review dated January 15, 20 the resident was readmit 16, 2012. Medical record review and January 15, 20 the resident was always bladder, required externisfers, and was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility. Medical record review eviewed on January 15, 20 the resident was to mobility.	record review, observation, cility failed to provide the ence care for one resident ete a bowel and bladder resident (#4), and failed to e of bladder function for one residents reviewed, o provide Incontinence care dent #8. d: mitted to the facility on a diagnoses including ementia, Osteoarthritis, and Pulmonary Disease. After a abruary 10, 2012, the ted to the facility on February vof the Minimum Data Set 12, revealed the following: and long term memory incontinent of bowel and ensive assistance for ally dependent on staff for of a care plan last 19, 2012, revealed as after each incontinent	{F 31		Resident # 4 vas placed on y two hours d # 4 was update # 4 was update # 5 to having t d by the same what correct cotential to be deficient prace managers, Qu and or ADON on 100% of the secompleted lass must were identified to the provide educate and repositioning ced prior to be coor.	on a ue to ed or the eive tice. hality tion ng to ing

	178 15:02	DC0547PM13501		86221	25642	>>		P 37/70
CENIE	TO LOK MEDICAR	E & MEDICAID SERVICES					FOR	MAPPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEDICUA	- Lavan				OMB N	0.0938-03
NO FUND	OF CORRECTION	IDENTIFICATION NUMBER:	400000000000000000000000000000000000000		CONSTRUC	HOIT	(X3) DATE	SURVEY
			A. BUI	ILDING			COMP	LETED
		445498	B. WIN	NG	W. Company		}	R
NAME OF P	PROVIDER OR SUPPLIER	1					04	16/2012
				STREET	ADDRESS.	CITY, STATE, ZIP CO	DE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BRISTO	L Nursing Home		- 1	261 N	ORTH STR	EET		
MALID	CHILIA CH CO			BRIS	TOL, TN	37625		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OF THE PRECEDED BY FULL		ID	T	PROV	TOER'S PLAN OF COR	RECTION	1 444
TAG	REGULATORY OR L	SCIDENTIFYING INFORMATION)	PREFU		REACH C	ORRECTIVE ACTION	CHAIDBAG	COMPLETION DATE
			TAG		CROSS-RE	FERENCED TO THE	APPROPRIATE	DATE
				-				
(F 315)	Continued From pa	ge 33	/		3. Mea	asures/systemic o	changes	
	within the hour and	the suproverse de	(F 31	15}	ımp	lemented to en	Sure the alles	
ļ	within the hour and the surveyor would observe incontinence care.	~		defi	cient practice do	es not reoccur	eu ''	
i						ting the week of		
- 1	Continual observati	on on March 27, 2012, from			ממת	V/ADON and or t	April 23" the	
- 1	1.00 a.m. unut 10.3	J. A. M. (AVASIAN the resident		1	Acci	ANDOINA BID OF E	ne Quality	
	Sumily in a recimed	SPII Chair (exclining about 1			waal	rance Nurse will	audit 5 charts	per
	THE AND LETTINESSEE	Day form Observation -1		1	weel	k x 4 weeks and the	hen 3 charts pe	r
- 1	v.ou a.m., leveale	I the registent tupe inhan to		- 1	weel	k for 4 weeks and	then PRN. To	
	are men's snower ro	On by Carlifort Number			LISU	re bowel and blac	ider assessmen	ts
	ASSISTANT (CIVA) #3	for incontingnan ages		- 1	nave	been completed.		
- (Observation, at that	time revealed experience		- 1	Start	ing the week of A	and and a m	0211
- 3	foregrille of Skills of	The scrotum positional and		- 1	ADC	N, Unit Manager	the Di	אמט
1.3	milet troubles. Contint	IBO DDSPD/atlos covereled the		1	Assu	rance Nurse will	and or Qualit	y
	resident was making	grunting sounds during			recor	d of residents ad	mitted s	1
j i	incontinence care.				readn	nitted to the facili	ity with:	
					four t	o seventy two ho	y within twen	у-
11	Interview with CNA	3 and CNA #4 on March 27,			cnsur	e a bowel and bla	dder on the	n ic
	2012, at 10:30 a.m.	Outside the mente chause			has b	een completed.	der assessmer	It .
1.0	confirmed CN	A WE had to leave the facility		Į.		\$		
10	and a nano-on repor	(report between chiff aluen		1	Startin	g the week of Ap	ril 23rd the DO	N/
(''	or community of cale	Was not divan to them by		1	- ADQ	V, Unit Managers	and or Opplity	
1	NA #O DETOTE CNA	#6 left the facility and thou		1	Assura	ance Nurse will an	udit the medial	Į
! 1	vere unaware of how	I long the resident had been			record	of residents adm	itted or readmit	ter
15	illing in the Geri cha	If or how long it had been		1	to the	facility within two	enty-four to	: 1
s	ince incontinence ca	are was done.		1	sevent	y two hours of ad	mission to annu	- 1
١		2 000 201 at 200 to 100 to		2000	a bowe	el and bladder ass	essment has be	uc ,]
i ii	nerview with CNA #	3 on March 27, 2012, at		1 -	comple	eted.		H H
	U:34 a.m., confirmed	the adult brief was soaked		1			000 000	4
įw	ntn unne and the pel	vic area was excoriated.			Start	ing the week of A	pril 23 rd the	1
- 1					DON\	ADON, or Nurse i	Manager will	1
10	oservation and inter	view with Licensed Practical			make c	bservations daily	On incontinent	i
l N	urse (LPN) #4 on Ma	arch 27, 2012, at 10:43	121		residen	its to check for inc	continence. If	- 1
a.	m., in the men's sho	wer room, confirmed the			residen	it is found wet, the	e resident will h	e I
Į p€	elvic area was excor	lated, the resident			change	d immediately an	d a skin	
ex	opressed pain upon t	ouch, and the area was		1	assessn	nent completed.		1
	of red when (resider	nt) had a shower last Friday						12
"n	יום שונים ון וויסווים	TO THE WORLD THE PROPERTY OF T		.01				
"n (N	farch 23, 2012)", Co	ontinued interview, at that ints were to be checked		Î		ī		

CENTE	012-04-18 15:02 DC0547PM13501 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDED TO SERVICES			865	2125642 >>		P 38/70 ID: 04/18/2012 MAPPROVED	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		MULTIPL	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		445498	8. WI	מאו			R	
VAME OF PROVIDER OR SUPPLIER			,		04	16/2012		
BRISTOL NURSING HOME				261	ET ADDRESS, CITY, STATE, ZIP CODE NORTH STREET			
PREFIX YAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE				PROVIDERS PLAN OF CORRECTIVE ACTION SHOUSE CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE	
I CONTRACTOR IN MERCAN	and changed if need "sitting in a Geri chal cleaning and changin to excoriation". Resident #9 was adm January 30, 2003, will Altered Mental Status Diabetes Mellitus. Medical record review Minimum Data Set (M. Brief Interview for Merical record review be fourteen which India Medical record review completed on June 26 resident was always or bladder. Continued review and medical informum Data Set (M.D. and the Director of Number 19, 2012, at 9:20 resident #4 was admitted the Director of Number 19, 2011, for exemptia, Congestive Ferentia, Congestive F	ed every two hours and or for three hours without on resident could contribute without on resident could contribute with diagnoses including so Acute Renal Failure, and of the most recent and Status (BIMS) score to icates cognitively intact, of the Annual MDS so the most recent vary 26, 2011, revealed the continent of bladder. The continent of bladder with the continent of bladder.	{F 3·	15)	4. Corrective actions will ensure the deficient prareoccur DON and or ADON will of audits to the Quality A Committee monthly. The Quality Assurance con (Administrator, Director of Assistant Director of Nursi Director, Business Office M Dietary Manager, Activities Social Services Director, ar Manager) will make recommended the proceed determine when compliance achieved.	report find ssurance mmittee Nursing, ng, Medica Anager, s Director, ad Therapy	red to not lings	

2012-04-18 15:03 DC0547PM13501
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARE & MEDICARE

8652125642 >>

P 39/70

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LKIIAIED:	V4/18/2072	
FORM	APPROVED	
ON GMC	V030 000	

CTATELIEN	TOF DESIGNATION	E & MEDICAID SERVICES			OMPAN	0.0938-0391	
ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY	
Natar ==		445498	B. WING			R	
	PROVIDER OR SUPPLIER		57	REET ADDRESS, CITY, STATE, ZIP COD		16/2012	
	L NURSING HOME		- 1	281 NORTH STREET BRISTOL, TN 37625	_		
(X4) IO PRÉFIX TAG		(ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	CHOILD DE	COMPLETION DATE	
(F 315)	Continued From p was frequently inc incontinent of bow	Ontinent of bladder and alumin	(F 315)	200 (200 (200 (200 (200 (200 (200 (200			
	dated September of documentation	riew of the Evaluation for Bowel ining and Progress Notes 13, 2011, revealed there was the resident had been der and bowel retraining.					
(F 323)	Interview with Licensed Practical Nurse (LPN) #6 on March 29, 2012, at 3:42 p.m., at the 2nd Tennessee nurses station, confirmed the evaluation for bowel and bladder had not been completed. 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES		(F 323)	environment is as free of acci possible; and each resident re	s/Supervision/Devices cility will ensure that the residents' ment is as free of accidents hazards as is ; and each resident receives adequate sion and assistance devices to prevent		
	environment remail as is possible; and	nsure that the resident ns as free of accident hazards each resident receives on and assistance devices to		What corrective active active active active accomplished for those resident affected by the alleged deficient affected by the alleged deficient activities.	ents found to h	ave been	
i s s r	by: Based on medical r nterview, facility pol facility documentation supervision of aggre esidents (#21 and # problems; failed to e esident (#8); and fa	ecord review, observation, icy review, and review of on, the facility failed to provide assive behaviors for two e35) with behavioral ansure safe bed rails for one illed to ensure supervision for esident (#17) of thirty-nine		 On March 27, 2012 to immediately removed from the was placed in a Geri-chair. The was replaced with a new bed one hour. A side rail assessment were updated on 4/9/2012 for manager. The unit manager is updated care plan immediatel. It was reported that of #21 was observed exiting the rand ber brief was undone. Restransferred to another facility. 	te bed. The res the residents' o with assist rail t and the care; resident # 8 by notified the sta ly. on 1/18/2012 re room of Reside sident # 21 was	ident ld bed s within plan the unit ff of the	

5-11-14

COMPLETION DATE

Resident # 21 was placed on fifteen minute observation on 3/30/2012 at 10:30 am.

3/26/2012 all indicate no new skin issues.

Resident #21 was transferred to Bristol Regional Medical Center for an Evaluation and placement to a behavior unit on 3/30/2012 at 4:00pm. This resident will not be readmitted to the facility.

mood and behavior.

prevent behaviors; and implementation and

interventions after a behavior has occurred.

The facility reviewed care plans for all residents

the care plans and the resident care guides to

ensure staff are aware of proper interventions.

assessments, and updated care plans related to

The facility completed mood and behavior

currently with behavior problems and on behavior management to ensure all interventions are on

CENTE	NO FUR MEDICARE	AND HUMAN SERVICES		(5)5174		FOR	M APPROVE
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULTIP	PLE CONSTRUCTION	(X3) DATE	0.0938-039
		MONTH NOMBER		UILDING		COMP	LETED
		445498	8. W	ING			R
NAME OF I	ROVIDER OR SUPPLIER			Tavas		04/	16/2012
BRISTO	L NURSING HOME			26	EET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH STREET RISTOL, TN 37625		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	-			
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	FIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIDEFICIENCY)	UBBE	COMPLETION DATE
(F 323)	Continued From pa	ge 37	{F 3	323)	The nurses' note dated	2/29/2012	at 7:30 pm
	The facility provided	evidence daily audits of the			revealed that resident # 6 was s wheelchair and resident # 35 pa	st his hand.	
	micou and benavior	assessments and medication !		- 1	Her neck trying to choke her R	peldant #25	
	adjustments were c	alled to the Physician.			redirected to his room, Res. # 6	wee nut to	had M.
9	Ohana (46 0.)			1	red marks or bruising noted and complaint of pain at the time of	d the west.	
	follow-up visit rouge	TN floor through out the			family and MD were notified of	the incider	it. The
1	follow-up visit revealed staff providing diversions activities to wandering residents. No resident	ned staff providing diversional		- 1	I he social worker come	lated a but	^^
	altercations were no	ted. The environment was		- 1	#55e55ment on 3/31/2012 to acces	e racidant	46
- 1	calm with planned a	ctivities taking place		Į	res. # 33 for signs and symptom	of danvassi	
i				1	identify possible changes in sign mood distress since his last asses	s and symp	toms of
i	Random interviews	with facility staff during the			assessments revealed that there	was no cha	nge from
1	revisit confirmed the	V had received in-continue			the residents 'baseline		"ge il Olli
- }	the residents who di	residents and how to care for splayed aggressive or					
	Inappropriate behavi	ors and to report these			• The charge nurse compl	eted a Skin	1
	behavior incidents.				assessment on resident #6 on 3/1 and 3/26/2012.There was no indi redness anywhere on the residen	casion of L.	2/2012 ruising or
80	the racility provided	evidence of Increased			 The care plan for res # 6 	was undai	ed hv
1	(4-staff members res	ennessee floor by 43%			social services, MDS Coordinato	r. Social W	orker
	Nursing Assistant to	seven residents) on the			and Quality Assurance Nurse and	d Sr. Direc	tor of
1	/A-7p shift and incre	ased by 25% (two staff		1	clinical services on 03/31/2012 to notify the MD and social services	reflect the	need to
1.	members resulting in	one Certified Nursing			and behaviors.	or changes	in mood
1.	Assistants to eight re	sidents) for 7P-7A shift					Ì
13	Staffing will be increa	sed to six Nursing		1	. The Corporate Quality A	ssurance N	lurse
	Assistants on the 7A- Assistants on the 7P-	7P shift and five Nursing 7A shift.		}	and the Sr. Director of clinical se notified the charge nurses on dut made to the care plan.	rvices imm	ediately
[7	The facility will remain	out of compliance at an "E"					1
116	evel until It provides a	an acceptable Plan of			• The Director of Nursing	updated re	sident
10	Correction to include	monitoring to ensure the s not recur and the facility's			care guides to ensure the nursing aware of the care plan changes on	assistants v	were
10	encient practice dos	e tion techt and the tacility's		- 1	- Francisco Ol		

DRM CMS-2567(02-99) Provious Versione Obsolete

corrective measures could be reviewed and

(F 332) 483.25(m)(1) FREE OF MEDICATION ERROR SS=E RATES OF 5% OR MORE

evaluated by the Quality Assurance Committee.

Event ID: URYC12

Facility ID: TN8201

(F 332)

If continuation sheet Page 38 of 54

• The care plan was updated on res#35 on 4/2/2012 with a new intervention to Place the

resident on one on one observation and notify the M.D. and social services when the resident becomes

aggressive with other residents.



2012-04-18 15:04 DC0547PM13501 P 41/70 8652125642 >> THEME IN AND HUMAN SERVICES KINIEU: U4178/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A BUILDING B. WING 445498 NAME OF PROVIDER OR SUPPLIER 04/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BRISTOL NURSING HOME 261 NORTH STREET BRISTOL TN 37625 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX COMPLETION DATE TAG TAG DEFICIENCY (F 323) | Continued From page 37 Charge nurses will place resident's on one to (F 323) one observation and notify the MD and social The facility provided evidence daily audits of the services when any resident displays aggression of mood and behavior assessments and medication any type toward another resident. adjustments were called to the Physician. The charge nurse and or nursing supervisor will assign a staff member to monitor a resident Observation on 2nd TN floor through out the needing one on one observation. follow-up visit revealed staff providing diversional activities to wandering residents. No resident The one on one observations are altercations were noted. The environment was documented on a nurses note or an observations calm with planned activities taking place, form. The observations are filed in the medical record at the end of each shift. Random interviews with facility staff during the revisit confirmed they had received in-services A side r\ail audit was completed on 100% of related to dementia residents and how to care for the beds in the facility to ensure there was no the residents who displayed aggressive or opportunity for entrapment. Inappropriate behaviors and to report these The audit was completed by the Charge behavior incidents. Nurses, DON, ADON, Corporate Quality Assurance Nurse, and the Corporate Director of Clinical The facility provided evidence of increased Services on 3/30/2012. staffing for the 2nd Tennessee floor by 43% A total of nine beds were replaced. (4-staff members resulting in one Certified Skin assessments were completed by the Nursing Assistant to seven residents) on the charge nurses on all residents on 2nd Tennessee 7A-7p shift and increased by 25% (two staff beginning 3/30/2012 through 4/4/2012 to Identify members resulting in one Certified Nursing unknown bruises and or abrasions. Assistants to eight residents) for 7P-7A shift. Staffing will be increased to six Nursing 5-11-12 Assistants on the 7A-7P shift and five Nursing 2. How will you identify other residents having the Assistants on the 7P-7A shift. potential to be affected by the same alleged deficient practice and what corrective action will be taken?

RATES OF 5% OR MORE

(F 332)

SSPE

The facility will remain out of compliance at an "E" level until It provides an acceptable Plan of

Correction to include monitoring to ensure the

corrective measures could be reviewed and

deficient practice does not recur and the facility's

evaluated by the Quality Assurance Committee.

483.25(m)(1) FREE OF MEDICATION ERROR

the resident.

(F 332)

All residents on 2nd Tennessee may be

affected by the same alleged deficient practice.

residents who live on 2nd Tennessee Resident #21

was transferred to Bristol Regional Medical Center

for an evaluation and placement to a behavior unit

on 3/30/2012 at 4:00pm. The facility will not readmit

However to ensure a safe environment for all

CENTE	NT OF DESIGNATION	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		86	52125642 >>	LUK	P 41/70 W APPROVE
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) A. BU		TIPLE CONSTRUCTION NG	(X3) DATE	U. 0938-0.39
NAME OF	PROVIDER OR SUPPLIER	445498	B. W/	NG_			R
	L NURSING HOME			Z	REET ADDRESS, CITY, STATE, ZIP CODE	04/	16/2012
(X4) (D PREFIX TAG	SUMMARY STA {EACH DEFICIENCY REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION OULD BE ROPRIATE	CONFLETION
S (AT TIMES A A TIME CO	The facility provided mood and behavior adjustments were care adjustments were care observation on 2nd follow-up visit reveals activities to wandering attercations were not calm with planned activities to wandering attercations were not calm with planned activities to wandering attercations were not calm with planned activities to wandering the residents who distinappropriate behavior incidents. The facility provided estaffing for the 2nd Televising Assistant to set A-7p shift and increase incombers resulting in classistants to eight resistants on the 7A-7 sesistants	evidence daily audits of the assessments and medication alled to the Physician. TN floor through out the ed staff providing diversional gresidents. No resident ed. The environment was tivities taking place. All facility staff during the had received in-services esidents and how to care for played aggressive or are and to report these evidence of increased ennessee floor by 43% alting in one Certified even residents) on the sed by 25% (two staff one Certified Nursing idents) for 7P-7A shift. ed to six Nursing P shift and five Nursing A shift.		23)	• On 3/30/2012 member assurance committee, Director of Nursing and or the Officer, Corporate Director of an informal Quality Assurance to review the Staffing levels on decision was made to increase a staff members) on the 7A-7P sh 25% (2 staff members) on the 7A-7P sh 25% (2 staff members) on the 7A-7P shift and five resulting in a C.N.A. to 7 on the 7A-7P shift and five resulting in a C.N.A. to resident 7P - 7A shift as soon as the facil new staffing levels. • To increase and retain to number of staff on 2nd Tennesses placed a newspaper ad locally, of on Monster.com for C.N.A.'s, L.I. of the committee of the first of the	s of the quality of Nursing, Chief Executed in Chief Executed in Committee in 2nd Tennesse taffing by 43 lift and incress to resident ransursing assist to resident ransursing assist ratio of I to lity can mainth the increased the the facility in Craig's list PN's and RN incression of I to lity can be the facility in Craig's list PN's and RN incression of I to lity can be sign on I was of an add per pay per sistants. Illize the flow record mood and or of the land castal.	Assistant tive ices had neeting ee. The 1% (4-ased by sing atto of 1 tants 8 on the tain the has and, 17s. Bonus current are littonal iod has
332) 48	encient practice does prective measures co valuated by the Quality	not recur and the facility's uld be reviewed and Assurance Committee.	{F 332}		services of any mood and behavior	r changes.	

CENT	OIL MEDIONI	DC0547PM13501 AND HUMAN SERVICES E & MEDICAID SERVICES		865	2125642 >>	PRINIE	P 41/70
ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	OMB N	MAPPROVED 0. 0938-0391
				ULDING	3	COMP	LETED
NAME OF	PROVIDER OR SUPPLIER	445498	B. WI	NG		1	R
	L NURSING HOME			26	EET ADDRESS, CITY, STATE, ZIP CODE	- 04/	16/2012
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	J D	-	RISTOL, TN 37625		5-10
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	DX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
(F 323)	Continued From pa		{F 3	23)			
	The facility provided	evidence daily audits of the			All staff will receive education		i
		assessments and medication alled to the Physician.	n	1	 Managing residents we Dementia related behaviors inc wander. Contracted Hornton 		
	Observation on 2nd	TM floor than 1	1		to provide the above training	Provider is	scheduled
			.	-	will be completed	DV Anvil 1	7 7044
	aftercations were no	ted The paying many			a behavior. Contracted Bossies	rventions	to prevent
l i	oomi min planned at	ctivities taking place.			scheduled to provide the above training began on 4/5/2012 and April 11, 2012.		
Ì		with facility staff during the whad received in-services			• Implementation -61-		
- 1				1	provider is scheduled to provide	Contracte	d Hospice
		played aggressive or ors and to report these			The training began on 4/5/2012 completed by April 11, 2012.	and will be	e anning.
].	The facility provided o	evidence of Increased			The Corporate Sr. Director of Nursing will educate Director of Nursing will educate the corporate Open and the corporate Open and the corporate Sr. Director of Nursing will educate the corporate Sr. Director of Nursing will educate the corporate Sr. Director of Nursing will educate the corporate Sr. Director of Nursing Williams and Sr. Direct		
i	4-staff members resi	Illing in one Configure			of abuse, the policy and proced-	all staff or	n the types
15	A-7p shift and increa	even residents) on the			investigating abuse, Sexual beha- sexual abuse. The training begat will end on 4/11/2012.	viors and p	ossible 012 and
1.5	nembers resulting in Assistants to eight res	IDENIEL for 7D 7A ANIE			· All staff who missed the		
1 0	vening will be increase	ed to siv Muesta-	1		in-serviced by the staffing coordin corporate Quality assurance nurs alloyed to work the floor. The S		
A	ssistants on the 7P-7	P shift and five Nursing A shift.			allowed to work the floor. The fac- agency staff.	e prior to l ilities do n	being not use
T	he facility will remain	out of compliance at an "E"					
10	vel until It provides ar orrection to include m	Onitoring to ensure the			The Director of Nursing, of Nursing and or the Chief.	Assistant I)irector
106	sticient practice does	not recur and the mailing	*		of Nursing and or the Chief Execu- investigate all allegations of abuse		
lev	prective measures covaluated by the Qualit	V Assurance Committee			the allegations and the findings of to the appropriate state agencies.	the investi	gation
332) 46	3.25(m)(1) FREE OF ATES OF 5% OR MO	MEDICATION FRROP	(F 332)				
	J/8 OR IVIO	INE			 The Interdisciplinary team Director of Nursing, Assistant Dire 	(Administ ctor of Nu	rator, rsing,

Facility ID: TN8201

STATEME	NT OF DEFICIENCIES OF CORRECTION	DCU547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLA					P 41/70 ED: 04/18/2018 IM APPROVE 0. 0938-039
	TO THE CHOR	IDENTIFICATION NUMBER:		NITOING MULTIPLE (CONSTRUCTION	(X3) DATE	SURVEY
Valer of	A	445498	8. W	NG_		}	R
	PROMDER OR SUPPLIER					04	16/2012
BRISTO	L NURSING HOME			261 NC	ADDRESS, CITY, STATE, ZIP CODE DRTH STREET		1012018
PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		BRIST	OL, TN 37625		
TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL INFORMATION	PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPRI DEFICIENCES		COMPLETION DATE
(F 323)	Continued From pag	ne 37		+	OLI IOLENCT)		
	The facility provided mood and behavior adjustments were ca	evidence daily audits of the assessments and medication illed to the Physician.	{F 3:	23)	Medical Director, Business Off Manager, Activities Director, S Director, and Therapy Manage allegations of abuse in the daily Monday through Friday and in Assurance meeting.	r) will revi	ces ew all
1	Observation on 2nd TN floor through out the follow-up visit revealed staff providing diversional activities to wandering residents. No resident altercations were noted. The environment was calm with planned activities taking place.			- 1	3. What measures will be put into systemic changes you will make deficient practice does not recur	d	rhat hat the
	Random interviews warevisit confirmed they related to dementia rethe residents who distrappropriate behavious behavior incidents.	Ith facility staff during the had received in-services esidents and how to care for played aggressive or rs and to report these			The charge nurses will to Psychoactive Medication month: or the nurses' notes to document mood and or behaviors. Starting week of April 2 managers will review the psychomonthly flow record to the psychomother to the psychomonthly flow record to the psychomother to the	ly flow reco t resident o 3 rd the Uni	hanges in
(N 7 FF A	The facility provided estaffing for the 2nd Te 4-staff members resultursing Assistant to si A-7p shift and increasing members resulting in cassistants to eight resistants and increasing will be increased.	illing in one Certified aven residents) on the sed by 25% (two staff one Certified Nursing		i to	monthly flow records daily to em- correctly reflects the resident bel fhe flow records will be audited friday for four weeks and then w veeks and then PRN. Unit mangers will give a to the Director of Nursing or the f Nursing during the clinical mechanics.	sure the re haviors for Monday th veekly for t	the day. irough wo
A	ssistants on the 7A-7, ssistants on the 7P-7,	ed to six Nursing Shift and five Nursing A shift.		A au	The Director of Nursing (assistant Director of Nursing will adits in the survey readiness bind ffice.	maintain t der in the l	DON 6
de cor ev:	prection to include marging prection to include marging free to the free transfer of trans	Philoring to ensure the not recur and the facility's all be reviewed and		Ť	Starting the week of April Nursing (DON) or the Assistant ursing will review the monthly flennessee weekly for four weeks that one properly documented	Director of	Director of
221 40	3.25(m)(1) FREE OF TES OF 5% OR MOR	MEDICATION CORON	(F 332)				

CENT	THE TOTAL	DC0547PM13501 IT AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >>	PRINT	P 41/70 ED: WANEZO12 RMAPPROVED
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIPLE CONSTRUCTION	(X3) DATE	10.0938-0391
		445498	B. WIN		1	
NAME OF	PROVIDER OR SUPPLIER	75030	10.11		1 0	R V16/2012
	L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		1012512
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	110			
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFD TAG	PROVIDER'S PLAN OF CORRE (EACH COARECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
{F 323}	Continued From pa	ge 37	{F 32	31		
	The facility provide	Ex Ex		The DON/ ADON and	or Quality	Assurance
		evidence daily audits of the assessments and medication		Nurse will audit 100% of the a ensure the allegation was prop	harra increase	
	adjustments were co	alled to the Physician.	חל	reported to the appropriate st	te ageney	
				Abuse Audite will have	Amml-4-1	eekly for
- 1	followers visit reveal	TN floor through out the	ľ	eight weeks and then biweekly then monthly.	for eight w	eeks and
1	activities to wandering	ed staff providing diversions	al	Control of the Contro		
- 1			i	Starting on the week of April 2	3rd the	
}	calm with planned at	ctivities taking place.		Administrator, DON\ADON or make observations on 2 nd Tenn	Nurse man	ager will
1		vith facility staff during the		MADRIARY CHILD FILES TO Anches	ments !-	
				diversion activities and residen	t activities a	re
			, [. 1
			`	4. How the corrective actions wil	ll be monitor	red to
J.	Political including.	ors and to report these		ensure that the deficient practice quality assurance program will t	e will not rec be put In pla	ur; what
	The facility provided e	evidence of increased			•	1
		DROCKAG Same L. LOCA		to the interdisciplinary team (4	eport audit	findings
1	4-staff members resulturing Assistant to	even residents) on the		Director of Navelna	uministrato	г, /
, ,	WALE SHILL BUTO INCLUS	SPA NU 260/ /hom alace	i	Business Office Manager, Dietar Activities Director, Social Section	N Manager	ursing,
1 "	nembers testimo in i	One Carlicad Line		Activities Director, Social Service Therapy Manager) in the	es Director,	1
	Manager of Still Projects	Idente) for 70 74		Assurance Committee month	ly Quality	J.
lÃ	staffing will be increas	P shift and five Nursing		compliance is achieved.	mii system	
A	ssistants on the 7P-7	A shift,			1	1
- 1					1	5-
le	ne facility will remain vel until it provides ar	out of compliance at an "E"			1	1
0	orrection to include m	ionitoring to encure the				1
ue	sucient practice does	DOI recur and the facilities I			1	1
100	meduve measures co	the bounding and			1	1
ev	aluated by the Qualif	V ASSURANCE Committee				1
1321 40	ATES OF 5% OR MO	MEDICATION EPPOD	{F 332}		1	
3-6 10	TIES OF 5% OK MO	KE			- 1	1
- 1		J	4	*	1	

2012-04-18 15:04 DC0547PM13501 COAD INICIAL IN AND HUMAN SERVICES 8652125642 >> P 42/70 CENTERS FOR MEDICARE & MEDICAID SERVICES 1 11119 (EU. UN) 1012U 12 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 445498 B. WING NAME OF PROVIDER OR SUPPLIER 04/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BRISTOL NURSING HOME 281 NORTH STREET BRISTOL TN 37625 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX COMPLETION DATE TAG DEFICIENCY) {F 332} Continued From page 38 The facility must ensure that it is free of (F 332) F 332 medication error rates of five percent or greater. 1. Corrective Action(s) will be accomplished for those resident found to been affected by the This REQUIREMENT is not met as evidenced deficient practice:-Based on observation, medical record review, Resident #12 was assessed facility policy review, and interview, the facility on3/31/12 by the charge nurse with failed to maintain a medication error rate of less no negative outcome. LPN #4 was than five percent for four medication errors of re-educated by the Quality forty medications observed. Assurance Nurse in regards to policy for administration of The findings included: inhalers on 3/31/2012 Resident #12 was admitted to the facility on Resident #14 was assessed February 8, 2012, with diagnoses including 3/31/12 on by the charge nurse Vascular Dementia, Anxiety State, Depressive with no negative outcome. LPN #2 Disorder, and Emphysema. was educated on administration of pain medication by the Quality Medical record review of the monthly Assurance Nurse on 3/31/2012. recapitulation physician's orders dated March MD was notified and order 2012, revealed " ... Atrovent (inhaler) ... 2 putts clarification was obtained. twice daily...Symbicort (inhaler)...2 puffs twice daily...Ventolin (inhaler)...2 puffs twice dally..."

ORM CMS-2507(02-99) Provious Versions Obsolete

Facility policy review of Administering Medications through a Metered Dose Inhaler

different medications ..."

revealed, " ... allow at least one (1) minute

Observation on March 27, 2012, at 8:15 a.m.,

Continued observation revealed the LPN obtained three inhalers from the medication cart and

revealed Licensed Practical Nurse (LPN) #4

administering medications to resident #12.

between inhalations of the same medication and at least two (2) minutes between inhalations of

Event ID: URYC12

Facility ID: TN8201

If continuation sheet Page 30-cf.54

2. Identify other residents to having the potential to be

affected by the same deficient

Residents were identified by who is receiving inhalers and Tylenol for

pain, were at risk to be affected by

the same deficient practice. No

other issues noted.

practice and what corrective action will be taken:

5-11-12

EL ALL MENT OF DEALITH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTEN: 04/18/2012 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0381 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING COMPLETED 445498 B. WING NAME OF PROVIDER OR SUPPLIER 04/16/2012 BRISTOL NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) BRISTOL, TN 37625 (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG PREFIX COMPLETION DATE TAG DEFICIENCY {F 332} Continued From page 39 Measures/systemic changes without giving instruction or walting between puffs (F 332) implemented to ensure the or between Inhalers administered the medications alleged deficient practice does not to the resident. reoccur: Interview with LPN #4 at the 200 hall nurse's desk Week of April 23, DON, ADON, on March 27, 2012, at 9:40 a.m., confirmed that Quality Assurance or Pharmacy the facility policy for administration of inhalers Consultant will observe medication was not followed. pass 2xwk for 4 wks then weekly for 8 wks then pm. Resident #14 was admitted to the facility on April, 21, 2011, with diagnoses including Diabetes Mellitus, Atrial Fibrilation, and Dementia. Week of April 23, DON, ADON or Quality Assurance Nurse will Medical record review of the physician's provide education to the licensed recapitulation orders for March 2012, revealed staff regarding medication ...pain relief tab (tablet)...for Tylenol...650 mg administration will be completed (milligrams)..." by 5/11/12. All licensed staff will be in serviced before providing Observation of LPN #2 on March 27, 2012, at care to the residents. 4:48 p.m., revealed the LPN administered Corrective actions will be ensure Acetaminophen (Tylenol) 500 mg to resident #14. the deficient practice will not Interview and medical record review with LPN #2 reoccur: on March 27, 2012, at 4:52 p.m., confirmed the DON/designee will report findings facility failed to administer the ordered dose by of audits to the Quality Assurance administering the 500 mg in place of the 650 mg. Committee monthly... 483.30(a) SUFFICIENT 24-HR NURSING STAFF (F 353) (F 353) The Quality Assurance committee SS=K PER CARE PLANS (Administrator, Director of 5-11-12 The facility must have sufficient nursing staff to Nursing, Assistant Director of provide nursing and related services to attain or Nursing, Medical Director, maintain the highest practicable physical, mental, Business Office Manager, Dietary and psychosocial well-being of each resident, as Manager, Activities Director, determined by resident assessments and Social Services Director, and individual plans of care. Therapy Manager) will make recommendations to revise or The facility must provide services by sufficient improve the process and determine numbers of each of the following types of when compliance has been achieved.

	04-18 15:05	DC0547PM13501 AND HUMAN SERVICES		86	52125642 >>		P 43/7	0
STATEN	AENT OF OFFI	MEDICAID SERVICES					ED: DAI181	VED
AND PLA	AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULT	TIPLE CONSTRUCTION	-OMB N	IO, 0938-0	391
		THE POST OF THE PO		DILDIN		(X3) DATE	SURVEY PLETED	
NAME O	OF PROVIDER OR SUPPLIER	445498	B. W	MNG_			R	
				STE	DECT ADDRESS COM AND	04	/16/2012	
DKI51	TOL NURSING HOME	727		2	REET ADDRESS, CITY, STATE, ZIP CODE 81 NORTH STREET			
(X4) IE	SUMMARY STAT	EMENT OF DEFICIENCIES			RISTOL, TN 37625			
PREFI; TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREF YAC	FIX J	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		COMPLETI	ON
15 000				_	DEFICIENCY)	PRIATE	DATE	
{F 332	The state of the s	e 39	45-0				 	
	or between inhalers to the resident.	ction or waiting between pure administered the medication	ffs ffs	732]				
	Interview with LPN #	4 at the 200 hall nurse's de it 9:40 a.m., confirmed that administration of inhalers	sk					
	Mellitus, Atrial Fibrilati	on, and Dementia.	n,					
	Medical record review recapitulation orders for "pain relief tab (table (milligrams)"	of the physician's or March 2012, revealed at)for Tylenol650 mg			F 353 Nursing Service: # 483.302) assure that sufficient staff are avail basis to meet resident's needs for a manner and in an environment wh resident's physical, mental and	lable on a lursing ca	daily re in a	
		ol) 500 mg to resident #14.			being, thus enhancing their quality 1. What corrective actions(s) accomplished for these	sychologic of life. will be	cal well-	
353)	facility failed to adminis	ecord review with LPN #2 4:52 p.m., confirmed the ter the ordered dose by ng in place of the 650 mg. 24-HR NURSING STAFF)	All residents on 2 nd Tennessee may the same alleged deficient practice, corrective action was completed for found to have been affected by the	etice? y be affect The follow	ed by ving	
a	The facility must have so provide nursing and relamaintain the highest pra and psychosocial well-be determined by resident a ndividual plans of care,	cticable physical, mental,		1	o On 3/30/2012 Resident #21 w to Bristol Regional Medical Center for Evaluation and placement to a behave 3/30/2012 at 4:00pm. The resident we readmitted to the facility.	/as transfe or an	erred	5.1)-
T	he facility must provide umbers of each of the fo	services by sufficient ollowing types of						

	77/		
KINIFD:	DAITS	2	
FARM	ADD	~~	012
FORM	זררת	U١	ÆΩ

	OIL MILDIONA	DC0547PM13501 IT AND HUMAN SERVICES E & MEDICAID SERVICES	00.	52125642 >>	PHINIE	P 44/70 D: 04/18/201
ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE	O. 0938-03g
		445400	1		1	
NAME OF	PROVIDER OR SUPPLIER	445498	B. WNG_			R
	L NURSING HOME		STR	EET ADDRESS, CITY, STATE, ZIP CODE	- 04	16/2012
	L HOKSING HOME		20	NORTH STREET	•	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	В	RISTOL, TN 37625		
PREFIX	REGULATORY OF	MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORF	ECTION	Ma
	MEGODATORT OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	Intil a ne	COMPLETION
				DEFICIENCY	PROPRIATE	OATE
(F 353)	Continued From page	an 40				 .
		9E 40	(F 353)	On 3/30/2012 memb	are of the	
	Care to all residents	our basis to provide nursing		assurance committee. Direct	OF OF BY	
	care plans:	in accordance with resident	1	Auterol of Hallshill and of the	no Chiac D.	
	853			Corporate Director	of alimiant and	
j	Except when waived	under paragraph (c) of this		an informal Quality Assuranto review the Staffing levels of	CO Committee	
į		rses and other nursing		occision was made to increas	a ctaffin - L	100/ /1
ſ	personnel.	- mis. Maionig	1	and inclinates testilling in a	I N A A- M	
ſ	Eventut			on the //te/f Shill and increa	rad by TES!	A 00
	section the facility	under paragraph (c) of this		MICHIDELS LESGICIDE IN L C. N. V.	to 8 wantda.	4-1 4
			1	" " " Sinite Stailing Will he	Dernage of to	1
- 1	duty.	charge nurse on each tour of	Ţ	assistants on the 7A-7P shift assistants on the 7P - 7A shift	and five nurs	ing
-				can maintain the new staffing	levels.	e facility
- 1	This REQUIREMENT	f is not met as evidenced	1	Resident # 35 was see	n hu Peuchin	wia
1.	~,·	85/85/50/5	1	Det vices ou 3/4//2012 Pelatar	to recent	
	Based on medical re	cord review, observation,		vensiona, Recommendations	· Inquesos P.	
			ſ	patch to y.5 mg/24 hours. To	death. for	
				cognitive benefit. Increase Se 5pm daily for agitation and co	roquel XR 40	0 mg at
				• The care plan	Delli	101
		leged abuse were reported	l P	The care plan was up the MDS Coordinator, Social Assurance Nurse and Service	dated for res	#35 by
1 3	PERMITTED TWO TESIDED	15 (#21 #2E)ish	1	Assurance Nurse and Sr. Dire	etor of cli-1-	Quality
10	iggressive benaviors:	to supopulco and maideas		on 03/31/2012 to reflect the ne	ed to notify t	he MD
1.0	LILL AND MANY MANDERS IN THE	Denavine: to preside and	1	and social services of changes behaviors.	in mood and	
(**	S Breacht AGAGIODWGI	Of Dioscura ulcare for	1	• The care plen for		- 1
	HE LESIGELII (MOL SING	to provide incoming		The care plan for res. 4/2/2012 with a new interventi	# 35 was upd	ated on
14	#8) of thirty-nine resid	coriation for one resident	1	resident on one on one observe	on to Place th	e
100	-, -, -, -, -, -, -, 1010 16210	EUR2 LEMEMBO				ecomer
. T	he facility provided a	Credible Allegation of		aggressive with other residents	, I	secomes 5
0	ompliance on Aont 11	2012 A rovielt	1			15
00	inducted on April 16.	2012 revealed the	1		1	
(00	intective actions imple	ence things no beingme			1	- 1
Į i e	moved the immediate	9 Jeonardu			}	1
No.	on-compliance for F-3	353 continues at an "E"	1			
101	er citation (potential t	for more than minimal	- 1		1	1
	rm).		4			

TATEME	NT OF DEFICIENCES	DCU547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES			P 45/ PRINTED: OUT	
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU!	ULTIPLE CONSTRUCTION	FORM APPR OMB NO. 0938 (X3) DATE SURVEY COMPLETED	039 0VE
(4117.4		445498	B. WIN			
	PROVIDER OR SUPPLIER				R	
BRISTO	OL NURSING HOME		i	STREET ADDRESS, CITY, STATE, Z 281 NORTH STREET	IP CODE 04/16/2012	_
(X4) ID	SUMMARY STAT	CHELLA		BRISTOL, TN 37625		
PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROMOCONO DI ANIO	CONNECTION	_
	ACGULATORY OR LE	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE COMPLETE	
			, ,,,	DEFICIEN	THE APPROPRIATE DAY	THON
F 353)	Continued From pag	10.44				
	l and hos	1041	{F 35	3) Care plan wa	s updated on 4/11/2012 on	
	The findings include	n. 1		as folding wash slothe	ct with activity diversion su	ch
93	7			glasses and or the use	and daing sand bottle hour	- 1
	Validation of the Cred	dible Allegation of		throughout the facility	magazine. When wandering y; Place stop signs across the	۱ ۱
				door way of residents	who do not want visitors or	
1	record review, observ	vation, facility policy review,				
- 1	and interview with fac administrative staff.	cility staff including the		resident care guide with	of Nursing updated the	- 1
1	outmistrative staff.	1		folding wash clothes as	nd using sand bottle hour	
1	Observation on 2nd 7	N floor through out the				- 1
1	follow-up visit reveale	d staff providing diversional		The unit man	ager reviewed the changes to	
- 1	activities to wandering	residents. No resident				
1	calm with planned ac	d. The environment was Uvities taking place.		report at shift change.	iscussed during the nursing	
- }1	Random interviews wi	th facility staff during the		• The rhip		
1.	revisit confirmed they	had received in-services			ment for resident #8 on eared area. A physician	
- 1;	he residents when the	nad received in-services sidents and how to care for		order was obtained on 3	eared area. A physician 3/28/2012 for the area of	- 1
i	the residents who disp nappropriate behavior	layed aggressive or				- 1
1-	Therior moldens.	1		skin changes for residen on 3/28/2012.	party was notified of the it #8 by Wound Care Nurse	
Į T	he facility provided ev	idence of Increased		The Care plan f	or res. #8 was updated on 3-	1
			1	need to provide	or res. #8 was updated on 3- Care Nurse to include the	
				every hour.	ence care and reposition	
	lursing Assistant to se A-7p shift and increase					
				5.11		1
	SOUSSELL TO CITILITY INCIDE	PDIC LACTO TA . LIN	- 1	2. How will you identify of	ther residents having the	1
1 4	CHARLE WIND THE INCLUSION	a to che blessein	J	practice and what correcti	the same alleged deficient	
100	ooistalies on the 7A-7P	Shift and flux Number			ve action will be taken?	1-
AS	ssistants on the 7P-7A	shift,	- [15
Th	e facility will remain a	ut of commit	- 1	All residents on 2nd Tenne the same alleged deficient	essee may be affected by	1
		ut of compliance at an "E"	- 1	the same alleged deficient	practice. To prevent a	1
,	HECOLULIO INCIDIDE MA	Difference to beautiful		reoccurrence of this allege following changes has been		1
1001	NOTE IN DIRECTOR CORE IN	Of tacile and the territor	- 1	5 5 1 us OCE	ii surpremented,	
1 COT	rective measures cou	ld ha devices to the rectific s	1		1	1

Assistant to eight residents) for 7P-7A shift. Staffing will be increased to slx Nursing Assistants on the 7A-7P shift and five Nursing Assistants on the 7P-7A shift.

The facility will remain out of compliance at an "E" level until it provides an acceptable Plan of Correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and

Starting the week of April 23rd the Director of Nursing, Assistant Director of Nursing, and or Scheduler will discuss staffingthiring in the morning stand up meeting daily.

5-11-12

CENTE	NT OF DECICIENCIES	DC0547PM13501 IT AIND HUMAN SERVICES E & MEDICAID SERVICES	003	2125642 >>	FOR	P 45/70 D: 04/18/20 MAPPROV
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIERCLIA IDENTIFICATION NUMBER:	A BUILDING	PLE CONSTRUCTION	TAN BING	U. 0838-03
NAME OF	PROVIDER OR SUPPLIER	445498	B. WING			R
	L NURSING HOME	Tourne	28	EET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH STREET RISTOL, TN 37625	04/	16/2012
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
TSGN7. TASSAS	and interview with far administrative staff. Observation on 2nd follow-up visit reveal activities to wandering altercations were not calm with planned a Random interviews were visit confirmed they related to dementiar the residents who distributed in the end of t	edible Allegation of complished through medical vation, facility policy review, icility staff including the TN floor through out the ed staff providing diversional ig residents. No resident ed. The environment was clivities taking place. Anth facility staff during the had received in-services esidents and how to care for played aggressive or are and to report these evidence of increased innessee floor by 43% allting in one Certified even residents) on the sed by 25% (two staff one Certified Nursing dents) for 7P-7A shift, ed to six Nursing P shift and five Nursing A shift.	(F 353)	Managing residents Dementia related behaviors wander. Contracted Hospic to provide the above training 4/5/2012 and will be complet Implementation of in a behavior. Contracted Hosp scheduled to provide the abo training began on 4/5/2012 an April 11, 2012. Implementation of in behavioral event has occurred provider is scheduled to prov. The training began on 4/5/201 completed by April 11, 2012. The Corporate Sr. Die Services, corporate Quality Ar Director of Nursing will educate of abuse, the policy and proceed investigating abuse, Sexual bels sexual abuse. The training began and 4/11/2012. All staff who missed the in-serviced by the staffing coor	with Dementincluding rese provider is a provider is a provider is a provider is a provider in the rections and will be contacted and will be rector of clims surance Nurstee all staff or dure for repondant on 4/4/20 had a provider and provi	idents who scheduled on began on 1, 2012. to prevent is The impleted by ofter a d Hospice e training. It is the types or t
Co	orrection to include in	n acceptable Plan of controlling to ensure the not recur and the facilities				

CENT		DC0547PM13501 ANU MUMAN SERVICES & MEDICAID SERVICES	S.5	8652125642 >>	PHINIED:	45/70
TATEME!	NT OF DEFICIENCIES OF CORRECTION	(A) PROVIDED CURRY			PUKMA	WYKO VED
AD PEN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) M	ULTIPLE CONSTRUCTION	OMB NO. (XX) DATE SUF	038-0391
			A BUIL	DING	COMPLET	ED
111111111		445498	B. WIN	c	R	
	PROVIDER OR SUPPLIER				DAME	
BRISTO	L NURSING HOME		1	STREET ADDRESS, CITY, STATE, ZIP CO 261 NORTH STREET	DE	
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES		BRISTOL, TN 37625		1
PREFIX	LEACH DEFICIENCY	MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF COL	RECTION	
	ACCORTORY DRIES	MOST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		OUPLETION DATE
(F 353)	Continued From pag	e 41	IF OF	COMPONE Out No.		
] ~.		(F 35	allowed to work the Goor	allowed to work the floor The co-	
	The findings included:			agency staff.	ine lacilities do no	t use
į	Validation of the Cre	dible Allegation of	1			
	AAL SEM SOUPHULA	Ampliah - Jah	ļ	The Director of Nu	rsing, Assistant Di	
				of Nursing and or the Chie	Executive officer	will
. [and interview with fac administrative staff.	ility staff including the		investigate all allegations of the allegations and the float	f abuse and will rep	ort
T	auministrative staff.	01-200144 - 014045		the allegations and the find to the appropriate state age	ings of the investiga	ation
	Observation on 2nd 3	IN Good II		and appropriate state age	ncies,	
		N floor through out the d staff providing diversional		The interdisciplinar	ru team (A.J., t. t.	
- 1	activities to wandering	residents. No resident		Director of Nursing, Assista Medical Director, Business	nt Director of Name	ator,
				Medical Director, Business of Manager, Activities Director	Office Manager, Di	etery '
1	calm with planned ac	tivities taking place.		Manager, Activities Director	r, Social Services	cial y
				allegations of share in the	ager) will review al	n j
l i	revisit confirmed the	th facility staff during the		Monday through Friday and	in the marth.	3
		had received in-services sidents and how to care for		Assurance meeting.	ore monthly Qu	lanty
				\$	1	
0.00	TOPPING COMMINIC	s and to report these		3. What measures will be pu	l into place on whee	
1~	endelor moldens.	mater moderns.		systemic changes you will me deficient practice does not i		he
[7	he facility provided ev	vidence of Increased		f		
13	coming for the 2nd 1At	MACCON FLOOR DATE		Psychogetive Medical	vill utilize the	- 1
1.	r-sten members testil	TIDO IN AND CAMES		or the nurses' notes to done		and
119	DISTRIBUTED ASSISTANT TO BE	Ven recidentel and		or the nurses' notes to documood and or behaviors.	ment resident chang	ges in
im	A-7p shift and increas embers resulting in o	ne Carliford Number		• Starting the week as	April 23rd the 11-te	
; 0	solowill to eldut lesign	PDIS) for 7P.7A chie		The new least the new line new	Inhana47	
1 0	lailling will be increase	d to six Nurcina	1			
1 143	ssistants on the 7A-7F	Shift and five Numine	f	The flow records will be said	t behaviors for the	
As	ssistants on the 7P-7A	shift.	- 1	- Jos Jour Weeks and th	en weekly for two	gh
TH	a facility will same!		1	weeks and then PRIV.		5-
le	vel until it provides se	ut of compliance at an "E"		• Unit mangers will giv	e a copy of each au	
Co	rel until it provides an	acceptable Plan of	ľ	The work could be stilled up	the Andreas to	tor
de	prection to include mo	on toring to ensure the out recur and the facility's		of Nursing during the clinical through Friday.	meeting Monday	
1	rective measures cou	or recur and the facility's				4

CENT		DC0547PM13501 ANU HUMAN SERVICES & MEDICAID SERVICES		865.	2125642 >>	PHINIE	P 45/70 D: 04/18/20 MAPPROVE
ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		LE CONSTRUCTION	OMB NO	O. 0938-032 SURVEY
		445498	B. WAN			1	R
AME OF	PROVIDER OR SUPPLIER	713438	D. 11.			041	16/2012
	L NURSING HOME			28	ET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH STREET RISTOL, TN 37625		TOILDIZ
PREFIX	(EACH DEFICIENCY REGULATORY OR LE	Tement of deficiencies Must Be preceded by full SC identifying information)	ID PREFIT TAG		PROVIDERS PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)		COMPLETION DATE
t Tself	and interview with far administrative staff. Observation on 2nd follow-up visit reveals activities to wandering altercations were not calm with planned at Random interviews were visit confirmed they related to dementia referesidents who displanpopropriate behavious pehavior incidents. The facility provided estaffing for the 2nd Telestaff members resu	dible Allegation of complished through medical vation, facility policy review, cility staff including the TN floor through out the ed staff providing diversional gresidents. No resident ed. The environment was ethvities taking place. The facility staff during the had received in-services esidents and how to care for played aggressive or rs and to report these vidence of increased nnessee floor by 43% liting in one Certified even residents) on the sed by 25% (two staff one Certified by Earling In one	{F 35	(3)	The Director of Nursing waudits in the survey readiness hoffice. Starting the week of Apof Nursing (DON) or the Assistant Director of Nursing (DON) or the Assistant Director of Nursing will review the monthly Tennessee weekly for four week behaviors are properly docume. Starting the week of Apof Nursing, Assistant Director of Corporate Quality assurance numedical records of new admission clinical meeting Monday throug an interim care plan has been in twenty-four hours of admission on Mondays for residents admit weekend. Starting the week of Apof Nursing, Assistant Director of Corporate Quality assurance numedical records of residents exhibehaviors in the daily clinical methrough Friday to ensure the behaviors in the daily clinical methrough Friday to ensure the behavior and on Mondays for exhibiting problematic behaviors. The Director of Nursing assistants for the first the survey of the nursing assistants for the first the survey of the nursing assistants for the first the survey of the nursing assistants for the first the survey of the nursing assistants for the nursing assistants.	cill maintain inder in the pril 23 rd the lant Director of the pril 23 rd the lant Director of the pril 23 rd the lant Director of the pril 23 rd the land one in the dath Friday to the facility the deplemented of the facility the pril 23 rd the Director of the facility of the pril 23 rd the Director of the pril	Director of ds on 2 nd resident Director d or the it the illy ensure within y and or Director d or the the lematic ay slan has ours of ekend

residents admitted over the weekend. 5-11-17

guides for the nursing assistants for residents exhibiting problematic behaviors within twenty-

four hours of the behavior or on Mondays for

Staffing will be increased to six Nursing Assistants on the 7A-7P shift and five Nursing

level until it provides an acceptable Plan of Correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and

The facility will remain out of compliance at an "E"

Assistants on the 7P-7A shift.

CENTE	OF DECICIENCIES	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	8	652125642 >>	P 45/70 PRINTED: 04/18/201 FORMAPPROVE
AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		445498	B. WING		R
NAME OF P	ROVIDER OR SUPPLIER		٠		04/16/2012
BRISTOL	NURSING HOME	TEMENT OF DEFICIENCIES		TREET ADDRESS, CITY, STATE, ZIP CO. 261 NORTH STREET BRISTOL, TN 37625	DE
PREFIX	(EACH DEFICIENCY REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	5UA145 1 (~)
of the second se	and interview with factorial interview with factorial interview with factorial intervention on 2nd 1 collow-up visit reveals activities to wandering	dible Allegation of complished through medical vation, facility policy review, cility staff including the FN floor through out the cd staff providing diversional gresidents. No resident ed. The environment was citivities taking place.	{F 353	4. How the corrective actions ensure that the deficient pract quality assurance program wi	will be monitored to lice will not recur; what ill be put in place il report audit findings (Administrator, t Director of Nursing, etary Manager, vices Director,

revisit confirmed they had received in-services related to dementia residents and how to care for the residents who displayed aggressive or inappropriate behaviors and to report these behavior incidents. The facility provided evidence of increased

staffing for the 2nd Tennessee floor by 43% (4-staff members resulting in one Certified Nursing Assistant to seven residents) on the 7A-7p shift and increased by 25% (two staff members resulting in one Certified Nursing Assistant to eight residents) for 7P-7A shift. Staffing will be increased to six Nursing Assistants on the 7A-7P shift and five Nursing Assistants on the 7P-7A shift,

The facility will remain out of compliance at an "E" level until it provides an acceptable Plan of Correction to include monitoring to ensure the deficient practice does not recur and the facility's corrective measures could be reviewed and

5-11-12

8652125642 >>

P 46/70

PKIN1EU: W/18/2012

		E & MEDICAID SERVICES			FOR	MAPPROVED 0. 0938-0391
AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDIN	TPLE CONSTRUCTION NG	(X3) DATE COMPI	SURVEY
NAME OF T		445498	B. WING_			R
	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	04/	16/2012
	NURSING HOME	<u> </u>	1	BRISTOL, TN 37625		
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D DE	COMPLETION DATE
(F 441)	400.00 INFECTION	uality Assurance Committee.	(F-363)	r 441 IMPECTION CON		-
SS=E	SPREAD, LINENS SPREAD, LINENS The facility must es infection Control Pr safe, sanitary and o to help prevent the of disease and infer (a) Infection Contro The facility must es Program under whice (a) Investigates, con in the facility; (b) Decides what present (c) Decides what present (d) Maintains a reco (d) Maintains a reco (d) Preventing Spread (d) Preventing Spread (e)	dablish and maintain an orgam designed to provide a comfortable environment and development and transmission etion. I Program tablish an infection Control ch it - atrols, and prevents infections occurred, and prevents infections an individual resident; and or of incidents and corrective ections. In of infection on Control Program sident needs isolation to finfection, the facility must prohibit employees with a se or infected skin lesions although the disease. Equire staff to wash their cot resident contact for which eated by accepted	{F 441}	1. Corrective Action(s) wi accomplished for those to been affected by the practice: The Charge Nurse assess resident # 3 on 4/5/2012. negative outcomes. The DON immediately pisign on res. # 5 door to not the resident is in isolation. The Charge nurse cleaned bed table for Resident #1: The charge nurse cleaned medication cart and the massing medication to resident medication to resident medication from the bathroom housekeeping cleaned the Resident #26. 2. Identify other residents have been taken. Residents with orders for Acorresidents with orders for Acorresident who independent the potential to be affected deficient practice.	resident fideficient ed the wor There wer laced an iso bify visito d off the ov control after dent #15. by the same at correcti	and or. e no clatio rs tha er

CENT		DC0547PM13501 H AND HUMAN SERVICES & MEDICAID SERVICES		865	2125642 >>	PRINTER	P 47/70 D: 04/18/201
TATEME	NT OF DEFICIENCIES	MEDICAID SERVICES				FORM	MAPPROVICE
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0(2) 6	MULTIP	LE CONSTRUCTION	OMB NO	0.0938-039
		TOTAL PLANTION NUMBER:		LDING		(X3) DATES	URVEY
						COMPL	ETED
AME OF	PROVIDER OR SUPPLIER	445498	B. WR	NG			R
						04/1	6/2012
BRISTO	L NURSING HOME	Ti.		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
		No. of the second			NORTH STREET		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	 -	68	ISTOL, TN 37525		
TAG	REGULATORY OR I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	.	PROVIDER'S PLAN OF CORREC	TION	
	i i i i i i i i i i i i i i i i i i i	C IDEN (IFYING INFORMATION)	TAG				COMPLETION
					CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DAYE
(F 441)	Continued F						
	Continued From pag	e 43	(F 44	443	Posidout		
			11 44	*17	Resident receiving Accuched	ks were	
i					observed with no negative ou	itcomes	- 1
- 1	This DECLUS		}		noted.		- 1
- 1	This REQUIREMENT is not met as evidenced by:			- 1	No other residents were ident	in at.	- 1
- 1					isolation.	med m	1
- 1	Based on medical record review, observation, facility policy review, and interview, the facility failed to oppose in				Resident but		1
- 1				- 1	Resident bathrooms were che	cked with n	- 1
- 1		the facility failed to ensure infection control practices were maintain for four residents (#3, #5, #15) and failed to maintain for four residents (#3, #5,			other problems noted.		
					3. Measures/systemic change	e e	1
1.	#13, #15) and failed to maintain a sanitary environment for one resident (#26) of thirty-nine residents reviewed.			- [implemented to ensure t	he alloged	
					deficient practice does not	reasons	i
1	TOTAL TEVIEWED.			1		reoccus	
- /:	The findings included:						1
i		t			DON/ ADON and or the Qu	vila	- 1
; F	Resident #3 was adm	itted to the facility with		1	Assurance Nurse will provide	la training to	. 1
					the incensed nurses reparding	o infection	'
a	and Late Stage Deme	ntia.		1	control during dressing chan	rec and	i
1				1	maintaining infection contro	with hy	ł
15	oservation of a dress	sing change on March 27.		1	5/11/2012.		- 1
			12		Licensed nurses will be	**************************************	
					Licensed nurses will be in se to being allowed to work the	rviced prior	
							1
				1	In service will be added to th	e orientation	,
, ~	are nurse performed i	DCODIOONOS SAL			packet.		
	Daging Language 4	00ath ===1. 111 r .		1	Starting the week of April 23	rd .h.	
				1	DON/ADON/ Quality Assura	me y	
	Milliaca Coselivation	(B)/D3/Od the way.			and or Nurse Manager will of	mce nurse	i
	THE CHAIN	ation revealed the wound care e gloves, washed the hands,		1	Treatment Nurse during dress	vina aban	
~ M	MINOR OLCOH MICHAEL SIL	C COntinued the Jacks	ĺ		three times a week for four we	ang changes	1
1 011	ange to the wound. Of	The recidence hubbanta	}	ė	then PRN.	ceks and	
wit	hout removing the so	lled nad			U.S. (U.S. 1974) (1974) (1974)		15.
- 1		NEC			Starting the week of April 23"	d the	5
Inte	erview with the wound	care nurse, on March	1		DON/ADON/ Quality Assurat	nce Nurse	
(= / ,	AVIL. di II.UUAM	ID the project and a	- 1		and or Pharmacy consultant w	ill observe	1
Cor	firmed the soiled ne	d had not been removed			random licensed nurses obtain		1
pric	or to the dressing char	nde and seem removed	J		Accuchecks during medication	n nace	
1		nac and asebac			weekly four weeks and then Pl	RN	1

CENT	TO TON INCUIDAR	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >>	PRIN	P 48/70 TIED: DATE/201 DRM APPROVE
TATEME) NO PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:	,	ULTIPLE CONSTRUCTION	(X3) DA	NO. 0938-039
		445498	B. WIN		-	R
NAME OF	PROVIDER OR SUPPLIER	110100				04/16/2012
	L NURSING HOME			STREET ADDRESS, CITY, STATE, ZII 261 NORTH STREET BRISTOL, TN 37625	PCODE	
PREFIX TAG	(EACH DEFICIENCE REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIN	PROVIDER'S PLAN OF	NON SHOULD BE THE APPROPRIATE	COMPLETION DATE
(F 441)	Continued From pa technique not been	ige 44	{F 44			
	Resident #5 was ad	Imitted to the facility on with diagnoses including		The DON/ADON/ Nurse and or staff coordinator will In staff on infection c Nursing staff will I being allowed to w	development -service the nun ontrol by 5/11/2 be in serviced on	sing 2012.
	Medical record review of a Physician progress note dated February 28, 2012, revealed "Shingles R (right) groin"			In service will be a packet.	dded to the orie	ntation
	biohazard barrels an resident room. Contino no signage on the do			4. Corrective actions ensure the deficien reoccur:	s will be monito nt practice will	ored to not
12	nterview and medica icensed practical Nu 2012, at 10:10 a.m., r solation for shingles,	irse (LPN) #3 on March 26,		DON and or ADON of audits to the Qua	lity Assurance	dings
a	contact precautions sign at the doorway the nurses' station to	signs used to alertPlace instructing visitors to report perfore entering the room"		The Quality Assura (Administrator, Director of I Assistant Director of I Director, Business Off Dietary Manager, Acti Social Services Direct	ector of Nursing Nursing, Medica fice Manager, ivities Director, Or, and Therapy	3.
CC	ursing (DON) on Mai onfirmed a sign was i	view with the Director of rch 26, 2012, at 2:27 p.m., not placed, and the facility autions was not followed.		Manager) will make re revise or improve the p determine when compl achieved.	commendations	s to
/ re	esident #13 was adm bruary 5, 2010, with thropathy, Diabetes I	diagnoses including				

	ERS FOR MEDICARI	DC0547PM13501	8	3652125642 >>	PRINT	P 49/70
STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES [X1] PROVIDER/SUPPLIERCLA IDENTIFICATION NUMBER:	(X2) MU	PLTIPLE CONSTRUCTION	OMB N	MAPPROVI 10.0938-03
		445498	B. WING		}	R
	PROVIDER OR SUPPLIER				04	/16/2012
BRISTO	L NURSING HOME		ľ	STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	(D	BRISTOL, TN 37625		10
TAG	REGULATORY OR LE	MUSY BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	01110	COMPLETION DATE
(F 441)	Continued From pag	ge 45	15 444			-
	Kidney Disease.	*	{F 441) 		8
	Observation with LP	N #5 on March 27, 2012, at				
	4:30 p.m., in the resi resident sitting in a v	DEDI TODES FOURNIANTS				
	ouservation at this to	TO FOUNDING the LOW				
1	#13. Further observa	d stuck the finger of resident				
i	Proced the finger with	Wisihla blood and:				
i	blood on top of the re	placed the strip with visible esident's overbed table.				ļ
	Interview with LPN #	5 07 March 20 2040				
	VIVO GIME OH ME ZHO	snort hall, confirmed the				
1.1	Resident #15 was adi August 5, 2011, with d Kidney Disease, and I	1/2000coc lookeding Observe				
	Observation with LPN 5:30 p.m., on the 100	#3 on March 27, 2012, at				
10	neaned a blood dluce	SP meter and placed the			ĺ	- 1
16	continued observation	of medication cart.				1
110	ook ine meter that wa	S DIRCON on the unclase				
0	btain blood sample) for	accucheck (fingerstick to or resident #15.				
ÌIr	terview with LPN #3	on March 27, 2012, at 5:40	1		1	- 1
Į P.	m., on the 100 hall co leter was not cleaned	ontimed the blood divices			1	- 1
u	nclean cart, prior to pe	erforming the accucheck.				- 1
R	esident #26 was admi	itted to the facility on			1	
Ar	nemia, Hypertension,	th diagnoses including and Urinary Retention.				

CENT	NY OF OFFICE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		8652125642 >>	PRIN	P 50/70
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) I	MULTIPLE CONSTRUCTION	(X3) DA7	NO. 0938-036 E SURVEY
VAME OF	PROVIDER OR SUPPLIER	445498	B. WI	NG		R
	L NURSING HOME			STREET ADDRESS, CITY. 261 NORTH STREET BRISTOL, TN 3762	STATE, ZIP CODE	4/16/2012
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	X PROVIDER' (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION S PLAN OF CORRECTION EXTRACTION SHOULD BE INCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
(F 441)	l and the pag		{F 44	Dies	out to the first of the first o	
	in a wheel chair water Continued observation articles of clothing lying a moderate amount of commode seat.	on of the room revealed ng on the bathroom floor and of brown substance on the		accomp to been practice The refi	tive Action(s) will be blished for those resident affected by the deficient e rigerator on the 1 st. floor station was replaced on M	at the
456) 4 5S=D	commode and the art floor. Interview on March 27 the wound care nurse, was not maintained in condition.	AL EQUIPMENT, SAFE	(F 456	Any resichas the p Refrigera document the dietar to ensure	other residents to having other residents to having all to be affected by the sate practice and what correspond to the taken dent that utilizes the refriguential to be affected, after temperatures will be ted on a temperature log dry manager and or unit many proper temperature controls on 1st Tennessee.	me ective crator aily by
B		s not met as evidenced and interview the facility two resident's perating condition.		impleme deficient	s/systemic changes nted to ensure the alleg practice does not reoccur ing staff and or the Dictary	
		3	1	× 110 11013	me aren and of the Dictar	y f

ORM CMS-2567(02-99) Previous Versions Obsolete

Observation on March 29, 2012, at 9:25 a.m., on the first floor nursing station, revealed the resident's refrigerator's temperature was set at 38 degrees. Continued observation revealed a build

The findings included:

Eveni (D: URYC12

Facility ID: TNB201

If continuation sheet Page 47 of 54-

manager will document refrigerator

and 40 degrees Fahrenheit.

temperatures on the daily temperature log to ensure refrigerator temperatures are maintained in a safe operating condition with temperatures between 32

STATEM AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIPLE CONSTRUCTION	FOR	U: 04/18/2011 MAPPROVEC 0. 0938-0391
) is	A. BUI	LDING	COMP	LETED
NAME OF	PROVIDER OR SUPPLIER	445498	B. WIN	6	1	R
				STREET ADDRESS STREET	041	16/2012
DKI21	OL NURSING HOME		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET		
(X4) ID	SUMMARY CTA	TELE	ſ	BRISTOL, TN 37626		
PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CLIDENTIES NO.	10	PROMITER'S PLAN OF CORD	CTION	
		MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
(F 456)		e 47				
	up of ice causing the	food items to be frozen.	(₹ 45	Starting the week of Apr	il 23 rd the ur	nit
	Inter-in-tu-u	to be mozen,		manager will audit temp	erature loss	- 1
	Interview with the Licensed Practical Nurse (#1) at that time confirmed the food items were frozen. Interview with the Dietary Manager on March 29, 2012, at 10:35 a.m., on the second floor nursing station, confirmed the first floor resident's			daily for four weeks and	then PRN to	,
				ensure the temperature has been		1
				to ensure that there is	documented on the temperature log and to ensure that there is no ice build up in the refrigerator.	
			ĬĬ	the refrigerator		
				uno rearigerator.		
		atly been defrosted and		The DON, ADON and or	Ourtin	
	needed to be replaced. Continued interview confirmed the refrigerator had not been maintained in a safe operating condition. 483.70(h)			Assurance nurse and or D	Quanty	
F 4651				will in-service all staff on	maintaining	gei
SS=F	SAFE/FUNCTIONAL /	SANITARY/COMFORTABL	(P-405	lenigerators in a safe one	ratino	1
	EENVIRON	SANTARY/COMFORTABL	353	condition and documenting	P refrigerato	r I
- 1	The facility must provide a safe, functional,			temperatures by 5/11/2012	≥,	
- 1				4. Corrective actions will be	monitored	
- 1	residents, staff and the	public,		i chause the delicient pract	ice will not	10
- 1		Salt-40068-7739-6		reoccur:		J
1.	This REQUIREMENT	is not mot as a different		The DON and or Dietary m		
		This REQUIREMENT is not met as evidenced by:		report indings of audits to	the Ourlie	- 1
1,	Based on observation	and interview, the facility		Assurance Committee mon	hly for three	. 1
		functional, sanitary, and nt for all residents on two		months and then PRN.		1
	of two nursing units obs	Served	l	The Quality Assurance con	nmittee	1
1		-	Í	(Auministrator, Director of	Noreina	1
1	the findings included:			Assistant Director of Nursin Director, Business Office M	g, Medical	1
Íc	observations of the faci	lity on March 27, 0046	1	Dictary Manager, Activities	Diractor	
1 11	OIN J. 10 A.In., Until 111-	13.2 m		Social Services Director, and	Thereny	l l
4	THE WINGS ASSESSED IN MALCE	29 2012 from 0:00		Williager) will make recomm	rendations to	15-1
Į Ç,	aria, oniai 5. to a.m., will	Tipe Mainlenance	1	revise or improve the proces determine when compliance	s and	
9	and visor confirmed the	with the Housekeeping of following: 2 of 2 men's	1	achieved.	uas deen	
100	entral baths and 2 of 2	ionoming. & of & men's	4			1

STATEME	NY OF ACCURATE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		52125642 >>	FOR	P 51/70 D: 04/18/20 MAPPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE	SURVEY 30
		445498	A. BUILDI		COMP	LETED
NAME OF	PROVIDER OR SUPPLIER	410430			04	R /16/201≥
BRISTO (X4) ID	L NURSING HOME		1 :	REET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		10.0012
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE GEACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
{F 456}	The state of the s	e 47 food items to be frozen.	7 7 456)			
SS=F	Interview with the Die 2012, at 10:35 a.m., station, confirmed the refrigerator had recenneeded to be replace confirmed the refriger maintained in a safe of 483.70(h) SAFE/FUNCTIONAL/E ENVIRON The facility must provisanitary, and comfortates and the residents, staff and the same of the residents of the residen	de a safe, functional.	{F 465}	I. Corrective Action(s) wi accomplished for those to been affected by the apractice The tiles in the men's/wo bathrooms that were crack had holes will be replaced contractor and or mainten. Maintenance will remove tiles and grout. The laminate covering mis will be repaired a licensed maintenance. Holes in bathrooms or residue.	resident for deficient men's central ked, missing l by a licens ance. the mold from the contractor of the contractor of the mold from the contractor of the contractor of the mold from the contractor of the cont	al 3, or ed om ors

ORM CMS-2587(02-09) Provious Varziona Obsolete

The findings included:

Observations of the facility on March 27, 2012,

and Interviews on March 29, 2012, from 8:08

a.m., until 9:10 a.m., with the Maintenance

from 9:18 a.m., until 10:13 a.m., and observations

Director and at 1:35 p.m., with the Housekeeping

Supervisor confirmed the following: 2 of 2 men's

central baths and 2 of 2 women's central baths had multiple cracked and missing tiles, holes in

Evam ID: URYC12

Facility ID: TN8201

If continuation sheet Page 48 of 54

contractor or maintenance.

or maintenance.

Maintenance.

Knobs missing from resident room

The rusted grab bars in resident

bathrooms will be replaced by

a licensed contractor and or

drawers will be replaced by maintenance.

will be replaced by a licensed contractor

The broken tiles in resident bathrooms

5-17-12

CENT	END I OH MICHICAR	DC0547PM13501 H ANU HUMAN SERVICES E & MEDICAID SERVICES	1	8652125642 >>	FOR	P 52/70 10: 04/18/2012 MAPPROVED
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUIS	ULTIPLE CONSTRUCTION LDING	(X3) DATE	0.0938-0391 SURVEY
		445498	B. WIN	16		R
NAME O	F PROVIDER OR SUPPLIER				04/	16/2012
	OL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH	A1 # A -	COMPLETION DATE
{F 465	the shower tiles, an grout; laminate cow three resident room the dresser with an broken tiles in four metal at the bottom five resident rooms; three resident bathron walls of one resident rooms; a til resident rooms; a til	of mold in the showers and ering missing from at least adoors; a hole in one adoors; a knob missing from exposed screw for one room; resident's bathrooms; rusted of door frames for at least rusted grab bars in at least comes; sheet rock pulled away dent bathroom and two e missing from the floor of 1st and the plant's	{F 46	The tiles missing from the	a licensed nce. used contract ering missing frame. aintenance w	or g
{F 468} SS=D	touring the facility, or to renovate and the maintenance and ren 483.70(h)(3) CORRI SECURED HANDRA The facility must equi secured handrails on This REQUIREMENT by: Based on observatio failed to firmly secure floors. The findings included	ip corridors with firmly each side. is not met as evidenced n and interview the facility handrails on two of two	{F ~40 €	2. Identify other residents to potential to be affected by deficient practice and what action will be taken All residents have the potent affected by alleged deficient A room to room and hall by inspection will be completed Executive Officer, Regional President of operations and a maintenance director by 5/4/identify other areas in the fact the same deficient practice in Any deficient practice identicorrected through replacements.	the same t corrective ial to be practice. hall by the Chie Vice the (2012 to cility where night exist, fied will be	
İ	until 9:10 a.m., with th	29, 2012, from 8:08 a.m., e Maintenance Director, even hand rails in the halls,		g g		5-11-10

8652125642 >>

P 52/70

STATEM	ENT OF DECEMBER	AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 04/18/2012 MAPPROVED
AND PLA	N OF CORRECTION	IN PROVIDEDICUDALICA	(2)	ALE TIPLE OF	NSTRUCTION	OMR M	D. 0938-0301
		IDENTIFICATION NUMBER:		ILDING	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME O	F PROVIDER OR SUPPLIER	445498	B. WI	NG		R	
	OL NURSING HOME			STREET AD	DRESS, CITY, STATE, ZIP CODE	04/	16/2012
	OF MOKSING HOME			281 NOR	TH STREET		
(X4) ID	SUMMARYSTA			BRISTO	L, TN 37625		
PREFIX	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFY IN THE	10		PROVIDER'S PLAN OF CORRECT		
146	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	CR	(EACH CORRECTIVE ACTION SHOULD SHOULD TO THE APPRICATION OF CORRECT SHOULD SHOU		COMPLETION OATE
{F 465	Continued From pag	70.40		3	The same of the sa		
	the shows tiles	Je 48	{F 46	35)	. Measures/systemic char	iges	
	group laminate and	the shower tiles, and mold in the showers and grout; laminate covering missing from at least three resident from a second from a least			" A PACINGINED IN ARCUS		ed
	three resident mom	and inissing from at least			deficient practice does n	ot reoccur	-
	broken tiles in favor	exposed screw for one room;		1	Starting the week of April	23rd Daily	, 1
	metal at the hottom	esident's bathrooms; rusted			Jourga Monday (prough E	riden	inec III
	five resident rooms:	door frames for at least		16	conducted by the Chief Ex	Amitine A	~ 1
	three resident bathro	usted grab bars in at least			to identify any areas of con	Control Ol	IIIcei
n T	on walls of one meld	onis, sheet rock pulled away			a safe, functional, sanitary	icem that a	affec
					comfortable environ	and	- 1
			l l		comfortable environment.	If issues ar	e
	TOTAL DISCOURS FOR THE PROPERTY OF THE PROPERT	One central bath		1	identified, a Work order w	ill be	1
	doorframe.	and dential patti	1		completed and given to ma	intenance t	to
				1	correct the issues identified		1
i	Interview with the Mai	ntenance Director on March					1
	29, 2012, from 8:08 a.	m., until 9:10 a.m., while			The Chief Executive Offic	ae w.:11	
f	touring the facility, cor	offined the facility had plans		1	Work orders with maintena	er will tevi	iew
- 1	to renovate and the fa	cility was in need of		1	weekly to monitor progress	ance staff	- 1
F 468)	The state of the s	Naliona /			completion of tasks.	SOF	ı
SS-D	483.70(h)(3) CORRIDO SECURED HANDRAIL	ORS HAVE FIRMLY	(F-468				
33-01	SECURED HANDRAIL	-\$	ני יוטטי	4.	Corrective actions will be	monitore	d to
	The facilly must and			1	chaute the delicient pract	ice will no	t
	The facility must equip secured handrails on e	corridors with firmly			reoccur;		
		ach sige.		Į.	The Chief Executive Office	er will repo	rt
					vicinity of daily rounds to	the Ounlie.	
17	This REQUIREMENT	is not met as evidenced		1	Assurance Committee mon	thly for fou	ır
1 7	77.				months. ,		Ī
j	Based on observation :	and interview the facility			The Quality Assurance con	amittee	1
f	ailed to firmly secure ha	andraile on his of his			(Administrator, Director of	Mureina	1
fl	oors,	SIS OIL WO OI IWO			Assistant Director of Nursin	o Medical	1
1					Director, Business Office M	angger	
	he findings included:		1		Dictary Manager, Activities	Director	
lo	bservation on Mamb 2	9, 2012, from 8:08 a.m.,			Social Services Director, and	1 Therapy	1
lui	ntil 9:10 a.m., with the I	Maintenance B: 08 a.m.,			Manager) will make recomm	endations	to
re	vealed five of forty-sev	en hand rails in the halls,	1		revise or improve the proces	s and	5-1
1		on manu rails in the halls,	- 1		determine when compliance achieved.	nas been	1-

2012-04-18 15:10 DC0547PM13501 ALLINENT OF BEALTH AND HUMAN SERVICES 8652125642 >> P 52/70 CENTERS FOR MEDICARE & MEDICAID SERVICES FORMAPPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING COMPLETED B. WING 445498 NAME OF PROVIDER OR SUPPLIER 04/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BRISTOL NURSING HOME 261 NORTH STREET SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) BRISTOL, TN 37625 (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID TAG PREFIX COMPLETION DATE TAG DEFICIENCY (F 465) Continued From page 48. the shower tiles, and mold in the showers and (F 465) grout; laminate covering missing from at least three resident room doors; a hole in one resident's bathroom door; a knob missing from the dresser with an exposed screw for one room; broken tiles in four resident's bathrooms; rusted metal at the bottom of door frames for at least five resident rooms; rusted grab bars in at least three resident bathrooms; sheet rock pulled away on walls of one resident bathroom and two resident rooms; a tile missing from the floor of 1st TN (Tennessee) short hall; and the plastic covering missing from one central bath F 468 1. Corrective Action(s) will be doorframe. accomplished for those resident found to Interview with the Maintenance Director on March been affected by the deficient practice 29, 2012, from 8:08 a.m., until 9:10 a.m., while touring the facility, confirmed the facility had plans Any loose handrails identified throughout the to renovate and the facility was in need of facility were firmly secured on April 5th -6th, maintenance and renovations. 483.70(h)(3) CORRIDORS HAVE FIRMLY 2012 by the maintenance Staff. {F 468} {F 468} SECURED HANDRAILS SS=D The facility must equip corridors with firmly secured handrails on each side. 2. Identify other residents to having the This REQUIREMENT is not met as evidenced

potential to be affected by the same deficient practice and what corrective action will be taken

All residents have the potential to be affected by alleged deficient practice.

Checking for loose handrails is now a par of the weekly preventative Maintenance schedule.

If any loose handrails are identified, they will be firmly secured as soon as possible but not to exceed 24 hours.

5-11-12

The findings included:

Based on observation and interview the facility

Observation on March 29, 2012, from 8:08 a.m.,

revealed five of forty-seven hand rails in the halls,

until 9:10 a.m., with the Maintenance Director,

failed to firmly secure handrails on two of two

by:

floors.

CENT	ERS FOR MEDICAR	DC0547PM13501 PLAND HOWAN SERVICES E & MEDICAID SERVICES		86	552125642 >>	FAIRIE	P 53/70
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	(X2) A. BL	MUL	TIPLE CONSTRUCTION	OMB N	O. 0938-036
		445498	6. W			COMP	LETED
NAME OF	PROVIDER OR SUPPLIER	710-30		ING.		1	R
BRISTO	L NURSING HOME			ST	REET ADDRESS, CITY, STATE, ZIP CODE	I Udi	16/2012
				1	281 NORTH STREET		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	_	BRISTOL, TN 37625		
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERÊNCED TO THE APPR DEFICIENCY)		COMPLETION DATE
(F 468)	Continued From pag	70.40					
	were not attached to	the wall convert	{F 4	68)			
			187				
	29 2012 at 9:10 a	aIntenance Director on March			3. Massurantana		l
	confirmed the hand	antenance Director on March L, In the hall on first floor, ralls were not firmly attached			3. Measures/systemic chan implemented to ensure deficient pro-	41	
F 400)	to the wall.	The first mining attached			deficient practice does no	tue auege	ed .
F 490)	483.75 EFFECTIVE		(F 4 9	201		ot reoccur	
03-6		RESIDENT WELL-BEING	ין אס	,0,			- 1
	A facility must be add	ministered in a manner that			Starting the man 1 . C.	55	- 1
1	enables it to use its r	esources effectively and		ļ	Starting the week of Apri	123rd the	
		maintain the highest mental, and psychosocial		- [maintenance department weekly handrail check as	will conduc	et a
1	well-being of each re-	sident.		ļ	preventive maintenance so	part of	1
1				1		neaule.	- 1
ļ.	This REQUIREMENT	is not met as evidenced		-	Starting the week of April	23rd the	
į i	by:	is not met as evidenced		İ	Administrator will also che	eck hand.	ils
l r	eview of facility door	cord review, observation,		1	as part of regular facility re	nunde A	1
r	eview of facility policy	nentation, interview, and t, the facility failed to be		1	work order will be submit	ted if loose	
				1	handrails are identified.		1
				1	The Administrator will monitor		
176	esident (#21) with thre	use perpetrated by one		1	preventive maintenance schedul	the	1
					weeks and then DD	M mist a	
					maintenance staff to ensure com	nliana	_
1	Season of State	ehaviors; and to provide			rocation of loose handrails	will he	".
	CITE TIOLS TO TWO LESION	ents (#21 and #35) with			corrected as soon as possible but	not to	
be	ehavioral problems.	the state of the s			exceed 24 hours.		
Th	ne facility provided a C	codible Allegation		1		ſ	ĺ
100	יון מאס אוויייייייייייייייייייייייייייייייייי	2012 A coulet					1
100	noucles on Abril 18 3	012 revented the				Ì	
100	nective actions imple noved the Immediate	mented on Antil 44 anda				1	5
1.0	n-compilance for F-4	Jennardu	į			1	150
			- 1			- 1	1

The facility provided a Credible Allegation of Compliance on April 11, 2012. A revisit conducted on April 16, 2012, revealed the corrective actions implemented on April 11, 2012.

Non-compliance for F-490 continues at an "E"

removed the Immediate Jeopardy.

5-11-12

CENTE	NT OF DESIGNATE	DC0547PM13501 TAND DUNIAN SERVICES & MEDICAID SERVICES		00,	2125642 >>	FRINIE	D 53/70 MAPPROVE
ND PLAN	OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:		MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445498	e. Wi				
NAME OF	PROVIDER OR SUPPLIER	445498	B. WI	NG		l	R
	L NURSING HOME			STRE 26	EET ADDRESS, CITY, STATE, ZIP CODE 1 NORTH STREET	04/	16/2012
(X4) ID	SUMMARY CTA	TEME			RISTOL, TN 37625		
PREFIX TAG	REGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENYIFYING INFORMATION)	ID PREFI	ıx	PROVIDER'S PLAN OF CORRECT		COMPLETION
	1		TAG		CROSS-REFERENCED TO THE APPR DEFICIENCY	OPRIATE	DATE
(F 468)	The state of the s	ge 49	IE 44	001			
	were not attached to	the wall securely.	{F 46	1680		41	1
		CH-CHOILE ALEX			F490 483.75 Administration / J	Resident no	II. Roin -
	29, 2012 at 9:10 a	aIntenance Director on March			, sec. 1. •		. Suiscing
		n., in the hall on first floor, rails were not firmly attached			1. What corrective and		
		were not firmly attached			accomplished for those seed		
(F 490)	483.75 FEFFCTIVE			1	affected by the alleged deficient	to round to	have been
SS=E	ADMINISTRATION/	RESIDENT WELL-BEING	(F 49	(0)	5 4.476	Practice!	
					• On 7/20/2012		5-11-12
- 1	A racility must be adr	ministered in a manner that		-	On 3/30/2012 members		
					assurance committee, Director of Director of Nursing and or the Officer, Cornarete Director	of Nursing,	Assistant
		maintain the highest mental, and psychosocial			Officer, Corporate Director of c	linical serv	itive
1	well-being of each res	sident			reviewed the Staffing levels on 2	nd Tenness	te and
!					members resulting in a 1001	3% (4- stal	7
i,	This prometry	1 12		1	members resulting in a IC.N.A. 7A-7P shift and increased by 25 resulting in I C.N.A. to 8 resulting in I C.N.A. to 8 resulting in I C.N.A.	o 7 residen	ts) on the
1	this REQUIREMENT by:	is not met as evidenced		1	resulting in I C.N.A. to 8 resider	o (4 Stall n	nembers
	Based on medical red	pord coview -1		1	shift. Staffing will be increased to	o six nursin	g
				1	assistants on the 7P - 74 shift	live nursin	g
					can maintain the new staffing lev	soon as the	facility
						••	1
					Pariday # 7		
				1	Resident #21 was placed observation on 3/30/2012 at 10:30 transferred to another facility.	on fifteen i	ninute
		ee residents (#17, #32, and implement a behavior care			transferred to another facility.	am until b	e was
				1	· Resident #21 mas day		1
1 2	involvanty auditessive t	Apaviore: and in mention		1	Resident #21 was trausfi Regional Medical Center for an placement to a behavior		
-	enaviors for two resid ehavioral problems,	ents (#21 and #35) with		1	4:00pm. This resident will no be facility.	readmitted	to the
0	and violar problems,	** VSC			acmiy.		2000 20 00 - 10
TI	ne facility provided a (Credible Allegation					to the
100	Displance on Aoni 11	2012 A roulelt			The social worker comple	eted a DUA	
1 00	noucled on April 16.	2012 revealed the		1			
100	rective actions impla	Mented on April 44 0046					
10	Hover the immediate	Jennardy		l	of mood distress since her land	ns and symp	otoms
No	on-compliance for F-4	90 continues at an "E"		1	assessment revealed that there	essment. Th	ic
	2.00) Perulaua V		- 1		the residents' baseline.	s no change	trom

CENTE	NO FUR MEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	8657	2125642 >>	P 54/70 FORMAPPROVE
SIMICMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445498	B. WING		R
BRISTO	ROVIDER OR SUPPLIER L NURSING HOME		261	ET ADDRESS, CITY, STATE, ZIP CO NORTH STREET ISTOL, TN 37625	04/16/2012 DDE
PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY ELLI			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COURTE
	level citation (potent harm). The findings include Validation of the Cre Compliance was acc record review, obser and interviews with find administrative staff. The facility provided staffing for the 2nd Trestaff members resulting in As-7p shift and incremembers resulting in Assistant to 8 resider will be increased to 8 7A-7P shift and five rep-7A shift. The facility provided of the facility	d: dible Allegation of complished through medical vation, facility policy review, acility staff including the evidence of increased feanessee floor by 43%	(F 490)	indicated a right hip would there was no indication of anywhere on the resident. The charge nurse assessments dated 3/18/26/3/26/2012 all indicate no in the care plan was social services, MDS Cool Assurance Nurse and Sr. on 03/31/2012 to reflect the and social services of charbehaviors. On 4/9/2012 the coinclude: redirect the resid when wandering such as flooking at the sand hour grangazines	and was present however of bruising or redness elements bruising or redness elements between the bruising or redness elements between the bruising or redness element

ORM CMS-2587(02-99) Provious Versions Obsolete

Physician notification.

after a behavior has occurred and appropriate

The facility provided evidence of abuse training,

which included the Elder Abuse Act, for all staff,

Random interviews with facility staff during the

revisit confirmed they had received in-services

related to dementia residents and how to care for the residents who displayed aggressive or

Event ID: URYC12

Facility ID: TN8201

was visiting at the time.

If continuation shoot Page 51 of 54

The nurses' note dated 1/14/2012 states the

resident "having questionable bleeding from rectal area. MD notified with new orders to send resident

to ER for evaluation and treatment. RP was notified

of residents' status and aware of resident going to the ER." Nurse's note dated 1/14/2012 at 6:00pm states the resident was admitted to BRMC with a

diagnosis of Pneumonia. The hospital was not

notified of the alleged sexual assault.



2012-04-18 15:11 DC0547PM13501

8652125642 >>

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				トリロハ	APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		HULTI HLDIN	PLE CONSTRUCTION	(X3) DATES	URVEY
		445498	B. W	NG —			R 6/2012
BRISTO (X4) ID	PROVIDER OR SUPPLIER L NURSING HOME SUMMARY STA	ATEMENT OF DEFICIENCIES	10	2 B	REET ADDRESS, CITY, STATE. ZIP CODE 61 NORTH STREET PRISTOL, TN 37625 PROVIDER'S PLAN OF CORREC		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	FIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DUI D RE	DATE DATE
{F 490}	level citation (poter harm). The findings includ Validation of the Cr Compliance was at record review, obseand interviews with administrative staff. The facility provided staffing for the 2nd (4-staff members resulting Assistant to 8 residing the increased to 7A-7p shift and five 7P-7A shift. The facility provided staff and random at care of residents wirelated behaviors; inferventions to prevassaults; and impleased to the facility provided which included the facility provided which i	ed: dedible Aliegation of complished through medical ervation, facility policy review, facility staff including the devidence of increased Tennessee floor by 43% esulting in one Certified by seven residents) on the eased by 25% (two staff in one Certified Nursing ents) for 7P-7A shift. Staffing six nursing assistant on the nursing assistants on the nursing assistants on the field to ensure compliance for the Dementia and Dementia mplementation and vent physical or sexual mentation and interventions to occurred and appropriate	(F 4	190}	Resident # 32 was reading on 01/18/2012. The discharge surfollowing: Admitting diagnosis-bleed with heme-positive stool, obstipation, Dementia. With an discharge Diagnosis of Gastroint hospital course on the discharge following: A 95 year old white of dementia, unable to provide history, had bright red blood in patient found to have UTI and The patient had a CT scan, where evidence of any blockage. The social worker come assessment on resident # 32 on for signs and symptoms of deppossible changes in signs and sitress since her last assessment everaled that there was no charcidents' baseline. A skin assessment was 32 on 1/18/2012. The skin asses bruising or redness any where body. Resident # 32 care plants social services, MDS Coordinate Nurse and Sr. Director of clinic 03/31/2012 to reflect the need to social services of changes in most of the services, MDS Coordinator, Social services of changes in the services, MDS Coordinator, Social services of changes in behaviors.	additional lestinal bleed summary list the Pneumonia, additional lestinal bleed summary list female with any signific in her diaper. Pneumonia nich shows standich shows standich shows standich shows standich shows standich shows of any properties of the assessing from the completed of sement reveal on the resident was update for Quality Acal services of notify the Nood and behalt of a services of a servic	Rectal The fed the in a history ant in the treated. The treated in the interest in the intere

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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		6/2012
BRISTO	L NURSING HOME			261 NORTH STREET BRISTOL, TN 37625	201	
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	The findings included Validation of the Crucompliance was act record review, obse and interviews with administrative staff. The facility provided staffing for the 2nd (4-staff members resulting in Assistant to 8 resided will be increased to 7A-7P shift and five 7P-7A shift. The facility provided staff and random audre of residents with related behaviors; in interventions to previous assaults; and implemantation and the facility provided which included the Erandom interviews were visit confirmed the staff and minterviews were visit and minterviews wer	ed: edible Allegation of complished through medical reation, facility policy review, facility staff including the devidence of increased Tennessee floor by 43% sulting in one Certified seven residents) on the eased by 25% (two staff in one Certified Nursing ents) for 7P-7A shift. Staffing six nursing assistant on the nursing assistants on the nursing assistants on the nursing assistants on the nursing assistants on the evidence of in-services for all dits to ensure compliance for homental and Dementia nellementation and ent physical or sexual nentation and interventions occurred and appropriate occurred and appropriate occurred and appropriate occurred and interventions occurred and entity staff during the yellow the deceived in-services esidents and how to care for	{F 4	on 4/2/2012 with the follo the resident on one to one displays aggressive behave and, notify the MD and seed resident displays aggressive seed on the MD and seed residents. Resident #35 was Services on 3/27/2012 reliable behaviors. The following made by Psych. Services Increase Exclon Patch to maximum cognitive beneit 400 mg at 5 pm daily for abehavior. The social worker assessment on resident #3 her for signs and sympton identify possible changes in mood distress since her last assessment this resident statime for her, she is having daughter and at times she would be better off dead, when the social worker at to harm herself. The sociof the residents' statement MD and obtained an order evaluation on 3/31/2012.	e observation whe viors toward other ocial services whe ive behaviors tow. I seen by Psychiated to recent agg Recommendation during the last vis 9.5 mg/24 hrs, tog fit. Increase Seron agitation and commendation and commendation and commendation and commendation and commendation and seen as sees the sees of the problems with he has thoughts that the tresident statistic observed the resident if observed the resident is evaluated the table of the problems with he has thoughts that the completed thirty dent is evaluated to deduce the resident is evaluated to deduce any thoughts and the second and the secon	ns: place en he r residents en the ard other tric ressive is were ist, pically for quel XR bative Q9 assess id to toms of ring the of a good er she ed no d a plan the nurse fied the c dent minutes by reveals

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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		BRISTOL, TN 37625		
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The facility provided evidence of abuse training,

which included the Elder Abuse Act, for all staff,

Random interviews with facility staff during the

revisit confirmed they had received in-services related to dementia residents and how to care for

the residents who displayed aggressive or

Event ID: URYC12

FACILITY ID: TN8701

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shift. Staffing will be increased to six nursing

To increase and retain the increased number of staff on 2nd Tennessee the facility has

can maintain the new staffing levels.

implemented the following:

assistants on the 7A-7P shift and five nursing assistants on the 7P - 7A shift as soon as the facility

CENTE	TOR WEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES		8652	2125642 >>	- Curre	P 54/7
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		E CONSTRUCTION	OMB NO	SURVEY
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LAME OF	PROVIDER OR SUPPLIER	445498	B. WIN	G		1 04	R
	L NURSING HOME			261	T ADDRESS, CITY, STATE, ZIP COD NORTH STREET	E	16/2012
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(F 490)	i i i i i i i i i i i i i i i i i i i	ge 50 lial for more than minimal	{F 49	10}	Placed a newspape list and, on Monster.com for RN's.	er ad locally, or or C.N.A'.s, Ll	n Craig's PN'.s and
7	The findings include	d:			 Offering a \$500.00 for LPN's and C.N.A.'s. 		
	and interviews with fi administrative staff.	complished through medical vation, facility policy review, acility staff including the	3 3		hired and stay past ninety	y days. Ince Bonus of an addition worked per pay period h	
	The facility provided evidence of increased staffing for the 2nd Tennessee floor by 43% (4-staff members resulting In one Certified Nursing assistant to seven residents) on the 7A-7p shift and increased by 25% (two staff members resulting in one Certified Nursing Assistant to 8 residents) for 7P-7A shift. Staffing will be increased to six nursing assistant on the 7A-7P shift and five nursing assistants on the 7P-7A shift.				 Managing residents Dementia related behaviors wander. Contracted Hospic to provide the above trainin 4/5/2012 and will be completed Implementation of italian behavior. Contracted Hospicheduled to provide the abot training began on 4/5/2012 a April 11, 2012. 	including residence provider is so as The training the training to the training to the training of the training. The training of training of t	dents who cheduled began on , 2012. prevent in pleted by
7P-7A shift. The facility provided e staff and random audicare of residents with related behaviors; Implications to prever assaults; and Implement		evidence of in-services for all its to ensure compliance for Dementia and Dementia elementation and interventions and interventions occurred and appropriate			Implementation of in behavioral event has occurre provider is scheduled to prov The training began on 4/5/20 completed by April 11, 2012. The Corporate Sr. Di Services, corporate Quality A Director of Nursing will educe of abust, the policy and proceding the policy and	d. Contracted ide the above to 12 and will be rector of clinic source.	Hospice training.

FORM CM5-2567(02-99) Previous Versions Obsolete

The facility provided evidence of abuse training. which included the Elder Abuse Act, for all staff.

Random interviews with facility staff during the

revisit confirmed they had received in-services

the residents who displayed aggressive or

related to dementia residents and how to care for

Event ID: URYC12

FACILITY ID: THEZOT

will end on 4/11/2012.

agency staff.

If continuation shoot Page 51 of 54

investigating abuse, Sexual behaviors and possible sexual abuse. The training began on 4/4/2012 and

in-serviced by the staffing coordinator and or the

corporate Quality assurance nurse prior to being

allowed to work the floor. The facilities do not use

All staff who missed the in-service will be



NAME OF PROVIDER OR SUPPLIER BRISTOL NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) [F 490] Continued From page 50 level citation (potential for more than minimal harm). The findings included: Validation of the Credible Allegation of Compliance was accomplished through medical record review, observation, facility policy review, and interviews with facility staff including the administrative staff. The facility provided evidence of increased staffing for the 2nd Tennessee floor by 43% (4-staff members resulting in one Certified Nursing assistant to 8 residents) on the 7A-7p shift and increased by 25% (two staff members resulting in one Certified Nursing Assistant to 8 residents) for 7P-7A shift. Staffing will be increased to six nursing assistant to 8 residents) for 7P-7A shift. Staffing will be increased to six nursing assistant to 8 residents) for 7P-7A shift. Staffing will be increased to six nursing assistant to 8 residents) for 7P-7A shift. Staffing will be increased to six nursing assistant to 8 residents of the staff.	ID PLAN	THE OF	- MEDICAID SERVICES				FAR	M APPROV
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7A-7P shift and five nursing assistant on the 7P-7A shift. The facility provided evidence of in-services for all staff and random audits to ensure compliance for care of residents with Dementia and Dementia related behaviors; Implementation and Interventions to prevent physical or sexual assaults; and implementation and interventions after a behavior has occurred and appropriate Physician notification. The facility provided evidence of abuse training, which included the Elder Abuse Act, for all staff. Random interviews with facility staff during the revisit confirmed they had received in-services the Quality Assurance Nurse will provide attending licensed nurses will provide attending Physician of Psychiatric recommendation attending Physicians. The Unit Managers will audit the difflow records daily to ensure Physician notif hyperglycemic episodes is documented on it sugar flow sheets. The weekend Nurse Man complete the daily audits on Saturday and Sugar flow sheets. The weekend Nurse Man complete the daily audits will be completed daily four weeks and then PRN. The Unit managers will report audit findings to the interdisciplinary team in the clinical meeting. The DON/ADON will main Audit tools in the survey readiness binder in DON's effect.	T S C C In a at P	level citation (potent harm). The findings include Validation of the Cre Compliance was accrecord review, obser and interviews with find administrative staff. The facility provided staffing for the 2nd Tree (4-staff members resulting in Assistant to 8 resident will be increased to si 7A-7P shift and five not 7P-7A shift. The facility provided extended to a staff and random audition care of residents with related behaviors; Implementated behaviors; Implementated behavior has one of the staff and random auditions to prevent assaults; and implementated behavior has one of the staff and random auditions to prevent assaults; and implementated behavior has one of the staff and random auditions. The facility provided every high included the Elder and the related behavior has one of the staff and random interviews with the facility provided every high included the Elder and the related behavior with the facility provided every high included the Elder and the related behavior with the facility provided every high included the Elder and the related behavior with the facility provided every high included the Elder and the related behavior with the rel	dial for more than minimal d: dible Allegation of complished through medical vation, facility policy review, acility staff including the evidence of increased ennessee floor by 43% ulting in one Certified seven residents) on the seven residents) on the face by 25% (two staff one Certified Nursing als) for 7P-7A shift. Staffing x nursing assistant on the ursing assistants on the vidence of in-services for all ts to ensure compliance for Dementia and Dementia elementation and alt physical or sexual intetion and interventions coursed and appropriate ridence of abuse training, er Abuse Act, for all staff, on facility staff during the	{F 49	(0)	The Director of Nursing of Nursing and or the Chief Exinvestigate all allegations of abothe allegations and the findings to the appropriate state agencie. The interdisciplinary to Director of Nursing, and Assist Nursing, Medical Director, Bus Manager, Dietary Manager, Ac Social Services Director, and Treview all allegations of abuse it meeting Monday through Frida Quality Assurance meeting. The Director of Nursing of Nursing; Staff Development Comments of Nursing; Staff Developme	g, Assistant I) ecutive office use and will r of the invest so (Adminis ant Director of mess Office tivities Direct merapy Mana in the daily clir y and in the r coordinator a will provide r s regarding ti mented on the mented	Director or will report igation strator, of tor, ger) will nical nonthly irector nd or e- imely s to the iabetic cation of the Blood nger will unday. cks then, weekly

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Event ID: URYC12

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STATEMEN	T OF DEFICIENCIES	E & MEDICAID SERVICES			FOR	MAPPRO VE
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	445498	B. WING			R
			STRE	EET ADDRESS, CITY, STATE, ZIP COD	041	16/2012
	L NURSING HOME		26	NORTH STREET	=	
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{F 490}	The state of the party of the p	ge 50				
	level citation (polen harm).	lial for more than minimal	(F 490)	staff development Coordinate		
	The findings include	ed;		 The clinical team will records of new admissions in meeting to ensure an interim 	the daily clinic	:al
1 8	Validation of the Credible Allegation of Compliance was accomplished through medical			implemented within twenty-for to the facility.	our hours of a	lmission
		nterviews with facility staff including the nistrative staff.		3. What measures will be put systemic changes you will ma deficient practice does not re	ka to annua th	hai al the
	(4-staff members res Nursing assistant to 7A-7p shift and incre members resulting in Assistant to 8 resider will be increased to s	evidence of increased ennessee floor by 43% sulting In one Certified seven residents) on the ased by 25% (two staff i one Certified Nursing its) for 7P-7A shift. Staffing ix nursing assistant on the nursing assistants on the		Psychoactive Medication mo or the nurses' notes to docum mood and or behaviors. Unit managers will reduction monthly flow record correctly reflects the the day. The flow records will through Friday for four week two weeks and then PRN.	rill utilize the nthly flow receivent resident eview the psycords daily to excess the psycond and then we the new then we the new the	hanges in hoactive nsure the iors for onday ckly for
The facility provided evidence of in-services for all staff and random audits to ensure compliance for care of residents with Dementia and Dementia related behaviors; Implementation and Interventions to prevent physical or sexual assaults; and Implementation and interventions after a behavior has occurred and appropriate Physician notification.			 Unit mangers will give to the Director of Nursing or of Nursing during the clinical through Friday. The Director of Nursing audits in the survey readiness office. The Director of Nursing Assistant Director of Nursing Assistant Director of Nursing Assistant Director of Nursing Assistant Director of Nursing Assistant Director of Nursing 	the Assistant I meeting Mon ing (DON) or t will maintain binder in the ng (DON) or t	Director day he the DON	
T. W	he facility provided e hich included the Eld	e facility provided evidence of abuse training, ich included the Elder Abuse Act, for all staff,		monthly flow records on 2 nd T four weeks to ensure resident documented.	ennessee week	ly for
e, re	visit confirmed they i	h facility staff during the nad received in-services sidents and how to care for layed aggressive or				ľ

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	level citation (note:	ntial for more than minimal	(F 490)	The Director of Nurs of Nursing and or the corpor	ing, Assistant Dir	rector
j	harm).	mar for more man minimal		nurse will audit the medical	ecorde of sem	
				aumissions in the daily clinic:	meeting Mand	v
	The findings includ	ed:	ļ	infough Friday to chaure an	oferim com alex	L
	i Validation of the Co			been implemented within twe admission to the facility and o	T OF Mandaus Co.	
	Validation of the Ci	complished through medical	1	estuents admitted over the w	cekend	
	record review, onse	POSITION facility notices and and	Í	 The Director of Nurs 	ing Assistant Div	ector
	and interviews with	facility staff including the	1	OF COURSE AND OF THE COLDORS	te Quality seems	
	administrative staff			nurse will audit the medical rexhibiting problematic behave	ecords of residen	ts
	Tr			meeting monday through Fra	day to answer the	inical
	The facility provider	d evidence of increased	- 1	neusylor care plan has been n	ronarly	
i	(4-staff members re	Tennessee floor by 43% esulting In one Certified	Į	WILDIN IWENTY-lour hours of +	he habanian and a	on i
j	Nursing assistant to	seven residents) on the		Mondays for residents exhibit behaviors over the weekend	ing problematic	- 1
	/M-/P Shift and incr	BASER by 250/ /hun atak	1	outside weekend		1
1	members resulting	D ODA Cartified Mumber	1	• The Director of Nursi	ne and or the MD	
i	ASSISTANT to a reside	POIS (OF 7D.76 able Conton	1	Coordinator Will complete the	nureing some out	!
	will be increased to	six nursing assistant on the nursing assistants on the	1	for the nursing assistants for r	oridonts subthist-	_
-1	7P-7A shift,	nursing assistants on the	i	problematic behaviors within the behavior or on Mondays for	twenty-four hour	s of
	1 (2)			over the weekend.	n residents admit	lett
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1	sian and random au	dits to ensure compliance for			1	- 1
ĺ	related behaviors; In	h Dementia and Dementia	ì	4. How the corrective actions ensure that the deficient prac	will be monitored	10
1	Interventions to prev	ent physical or sexual		quality assurance program w	uce wui noi recur; ill he put In nlore	Wilat
1	assaults: and implen	nentation and interventions			oc pat in place	
	after a behavior has	occurred and appropriate	!			- 1
1	Physician notification).		The Director of Nursi	ng and/or Assistan	n
Ì	4744 (50.045 = 1	· ·	i	Director of Nursing will repor	the findings of ea	ch.
1	The facility provided	evidence of abuse training,		audit to the Quality Assurance	Committee (Medic	cal
1	vnich included the E	Ider Abuse Act, for all staff.		Director, Administrator, Director of Nursing.	tor of Nursing, and Business Office	col d
F	Random interviews v	vith facility staff during the		Manager, Dietary Manager, A	ctivities Director,	Social
: 1	evisit confirmed they	had received in-services		Services Director, and Mainter	nance Director) me	onthly.
n	elated lo dementia r	esidents and how to care for	1		1	
t ti	ne residents who dis	played agoressive or	ł			

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Event ID: URYC12

Facility ID: TN8201

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CENTE	-18 15:11 CIMENT UF HEALT RS FOR MEDICARI TO OF DEFICIENCIES OF CORRECTION	H AND HUMAN SERVICES E & MEDICAID SERVICES		2125642 >>	FORM OMB NO	55/70 APPROVE
	DI CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	PLE CONSTRUCTION	(X3) DATES	SURVEY ETED
NAME OF	PROMDER OR SUPPLIER	445498	B. WING			R
BRISTO	L NURSING HOME		26	EET ADDRESS, CITY, STATE, ZIP CODE IN NORTH STREEY RISTOL, TN 37625	04/1	6/2012
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(F 490) (F 520) SS=E	The facility will remain level until it provides correction to include ensure the deficit or	ain out of compliance at an "E" an acceptable plan of continue monitoring to actice does not recur and the neasure would be reviewed a Quality Assurance	(F 490) (F 520)	• Quality Assurance Commifindings and make recommendation process of communication related to maximum assistance level required safe ambulation and transfers and compliance has been reached. Quality Assurance Committee will make recommendation to improve the having equipment needed to safely and determine when compliance has the Chief Executive Officer will mean the Quality Assurance process and the Quality Assurance process.	n to improve to residents by nursing determine w review findin the process f meet residen s been reach	the staff for then then these and tor the these and the and the an
	assurance commine nursing services; a p facility; and at least 3 facility's staff. The quality assessm committee meets at issues with respect to and assurance activities and implementation to correct iden.	least quarterly to identify of which quality assessment ties are necessary; and nents appropriate plans of tified quality deficiencies.				

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except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

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Facility (D: TN8201

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A-1111	ERS FOR MEDICARE OF DEFICIENCIES	DC0547PM13501 H AND HUMAN SERVICES E & MEDICAID SERVICES		8652125642 >>	P 55/70 FORMAPPROVE
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A BUI	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445400	1		R
NAME OF	PROVIDER OR SUPPLIER	445498	B. WIN	5	04/16/2012
	L NURSING HOME		į	STREET ADDRESS, CITY, STATE, ZIP CO 261 NORTH STREET	DDE
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1	BRISTOL, TN 37625	
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	I BUOLING TO THE TANK
(F 490)	Continued From pa	ge 51	{F 48	O)	
	inappropriate behave behavior incidents.	riors and to report these	\r ~ 0	0)	
(F 520) SS=E	correction to include	BERS/MEET	{F 52	<u>.</u> 1	
- 1	A 5 1111		F	520 Quality Assurance: 483.75	
	facility; and at least 3 facility; and at least 3 facility's staff. The quality assessmic committee meets at 1 issues with respect to and assurance activity develops and Implementaction to correct identifications.	east quarterly to identify of which quality assessment lies are necessary; and tents appropriate plans of tified quality deficiencies.		I. What corrective as accomplished for those res affected by the alleged defit The following corrective acceptance and resident found to have alleged deficient practice On 3/30/2012 membrassurance committee, Director of Nursing and or Officer, Corporate Director Corporate Quality Assurance informal quality assurance informal quality assurance.	idents found to have been cient practice? ion was completed for been affected by the cors of the quality tor of Nursing, Assistant the Chief Executive of clinical services and ce Nurse had an
į (A State or the Secret disclosure of the reco except insofar as suc	ary may not require rds of such committee h disclosure is related to the		informal quality assurance in plan to stop the immediacy of following plan was put in pla	neeting to develop a

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a basis for sanctions.

except insofar as such disclosure is related to the

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as

compliance of such committee with the

requirements of this section.

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on the 7P -7A shift.

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The Staffing levels on 2nd Tennessee were increase staffing by 43% (4- staff members) on the 7A-7P shift and increased by 25% (2 staff members)



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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES				OMB NO	0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATES	URVEY
		445498	B. WIN	1G			R 6/2012
NAME OF P	ROYDER OR SUPPLIER			CTO	EET ADDRESS, CITY, STATE, ZIP CODE	1 04(1	DIEUTE
BRISTO	L NURSING HOME			26	NORTH STREET		
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{F 520}	This REQUIREME by: Based on medical review of facility of review of facility possible facility possible facility possible facility possible facility possible facility systems investigate incident perpetrated by one and implement a bresident (#21) with identify staffing neaggressive/abusive (#21 and #35) with The facility provide Compliance on Apricorrective actions removed the Imme Non-compliance for level citation (pote harm). The findings including the Compliance was a record review, obsigned interviews with administrative staff. The facility provided levels on 2nd TN for facility provided the facility provided levels on 2nd TN for facility provided the facility provided	record review, observation, ocumentation, interview, and olicy, the facility Quality rogram failed to ensure were in place to identify and its of abuse allegedly a resident (#21); to formulate behaviors; and failed to eds to provide supervision of e behaviors for two residents behavioral problems. and a Credible Allegation of ril 11, 2012, revealed the implemented on April 11, 2012, adiate Jeopardy. or F-157 continues at an "E" intial for more than minimal died: redible Allegation of ccomplished through medical ervation, facility policy review, in facility staff including the	(F 5	20,	Staffing will be increased assistants on the 7A-7P shift and assistants on the 7A-7P shift and assistants on the 7P - 7A shift as can maintain the new staffing lever the following into the property of the DON, ADON, Corpassurance Nurse, Corporate Sr. Services and unit managers asset the facility to ensure there was nentrapment. Nine beds were replaced Skin assessments were concerned to skin assessments were concerned to another facility. Resident #21 was placed observation on 3/30/2012 at 10:30 transferred to another facility. Resident #21 was transfer Regional Medical Center for an Eplacement to a behavior unit on 34:00pm. The care plan was update services, MDS Coordinator, Social Assurance Nurse and Sr. Director on 03/31/2012 to reflect the need and social services of changes in a behaviors. The care plan for resident on 4/2/2012 with the following into the resident on one to one observed displays aggressive behaviors tow and, notify the MD and social services dentily the MD and social services dentily the MD and social services dentily aggressive behaviors. Resident #35 was seen by Psychia 3/27/2012 related to recent aggres following Recommendations were Services during the last visit. Increase Seroquel XR 46 for agitation and combative behavior aggressive behavior aggressive behavior aggressive behavior aggressive dentily the following for mathematical processing the last visit. Increase Seroquel XR 46 for agitation and combative behavior and combative behavior and combative behavior aggressive behavior aggressive behavior aggressive behavior aggressive behavior aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to recent aggressive dentiled to rec	five nursing soon as the fivels. brate Quality Director of Cosed all side room at risk of the fivels on the fivels and the fi	cility Clinical ails in of ds. the dor nute was clid dated lace cidents e other on s. The ych. Patch tive

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		445498	B. WING		041	R 16/2012
	NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		10/2012
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{F 520}	This REQUIREMEI by: Based on medical review of facility do review of facility po Assurance (QA) pri effective systems winvestigate incident perpetrated by one and implement a biresident (#21) with identify staffing nee aggressive/abusive (#21 and #35) with The facility provided Compliance on April corrective actions in removed the Immen Non-compliance for level citation (poten harm). The findings include Validation of the Cri Compliance was ac record review, obse and interviews with administrative staff. The facility provided levels on 2nd TN flo	record review, observation, cumentation, interview, and alicy, the facility Quality ogram failed to ensure overe in place to identify and its of abuse allegedly resident (#21); to formulate ehavlor care plan for one behavlors; and failed to educate to provide supervision of ebhaviors for two residents behavioral problems, and a Credible Allegation of it 11, 2012. A revisit 16, 2012, revealed the emplemented on April 11, 2012, diate Jeopardy. F-157 continues at an "E" tital for more than minimal ed; ed; edible Allegation of complished through medical ervation, facility policy review, facility staff including the	(F 52	On 3/31/2012 the soc PHQ9 assessment on residen and #37 to identify possible c symptoms of mood distress si OBRA or PPS assessment. Ti that there was no change from of the eight residents assessed. On 3/31/2012 Resident from her previous assessment assessment this resident state time for her, she is having pre daughter and at times she l would be better off dead. T when the social worker ask to harm herself. The social of the residents' statement. MD and obtained an order evaluation on 3/31/2012. T) the resident through out th thirty minutes observations seen by psychiatric services A Psychiatric note that resident # 36 adamant plans or intent of self harm that, I have just been sadde The M.D was notif recommendations for Medi discontinuation of the frequ A skin assessment v resident's # 17; #32; #35; # the presence of bruising and no bruising or redness of ur on any of the residents. Care plans were up resident # 17; 32; #35; #36 services, MDS Coordinator, Nurse and Sr. Director of cl 03/31/2012 to reflect the nee social services of changes in	tr's # 17; #32; hanges in sign ince the reside assessment in the baseline. It #36 showed is During the dithat this is noblems with heast houghts the resident steed her if she worker notification and agree in the test in the resident steed and agree in the test in the resident steed and agree in the test in the resident steed and agree in the test in the test in the resident steed and agree in the test in the te	#35; # 36 is and ints last is revealed on seven a change iot a good er hat she ated no ind a plan ed the nurse tified the tric ff observed completed dent was 12 reveals houghts, ild never do d to the is and the res. #36 on identify here were identified ent on cial rance on MD and

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Facility ID: TN8201

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OMB NO. 0938-0391

CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES				FORM	1.0938-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDIN	PLE CONSTRUCTION G	(X3) DATE S	URVEY
		445498	B. WI	NG		1	R
NAME OF P	ROVIDER OR SUPPLIER			STO	REET ADDRESS, CITY, STATE, ZIP CODE	04/	6/2012
BRISTO	L NURSING HOME			2	61 NORTH STREET		
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{F 520}	by: Based on medica review of facility do review of facility of review of facility of Assurance (QA) p effective systems investigate inciden perpetrated by one and implement a b resident (#21) with identify staffing ne aggressive/abusive (#21 and #35) with The facility provide Compliance on April corrective actions in removed the Imme Non-compliance for level citation (potential). The findings include Validation of the Citation of the Citation of the Citation in removed the Imme Non-compliance for level citation (potential). The findings include Validation of the Citation of the Citation of the Citation of the Citation in The findings include Validation of the Citation of the C	I record review, observation, ocumentation, interview, and olicy, the facility Quality rogram failed to ensure were in place to identify and hits of abuse allegedly e resident (#21); to formulate behavior care plan for one hits of abuse allegedly e resident (#21); to formulate behaviors; and failed to eds to provide supervision of the behaviors for two residents in behavioral problems. In a Credible Allegation of will 11, 2012. A revisit in 16, 2012, revealed the implemented on April 11, 2012, adiate Jeopardy. Fr157 continues at an "E" intial for more than minimal sed: I redible Allegation of complished through medical ervation, facility policy review, in facility staff including the includence that the staffing our were increased. I devidence of side reil	{F &	520}	• The care plan for Re	s, MDS Cool Sr. Director efer to Psych utes until evi plan was upo een to thirty i and agreed iatric service iscontinuation r residents has same alleged irrective action e may be affe actice. To pro efficient prace inplemented. rs of the quary r of Nursing, e Chief Exec l services revi ee and decide taff members the 7A-7P sh inbers resulti 7P -7A shift, g assistants of tants on the	dinator of clinical services eluated by lated with minute with s for n of the wing the will be ected by event a litice the lity Assistant utive, iewed the id to s resulting oift and n the 7A- PP - 7A
į		d evidence of side rail				1	

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Event ID: URYC12

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CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES				FOR	WALLEY TO A LAND
TATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERUSUPPLIERUCUA IDENTIFICATION NUMBER:	100 m 100 m		CONSTRUCTION	(X3) DATE	0.0938-039 SURVEY
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LAME OF P	ROVIDER OR SUPPLIER		-	T			16/2012
BRISTO	NURSING HOME			261	it address, city, state, zip code North Street Stol, TN 37625		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	-	PROVIDER'S PLAN OF CORRE	CTION	
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{F 520}	520) Continued From page 52		{F €	520)			
	This REQUIREME by:	NT is not met as evidenced			assistants on the 7P - 7A sh can maintain the new staffin	iit as soon as ng levels.	the facility
	Based on medical review of facility do review of facility po Assurance (QA) preffective systems vinvestigate incident perpetrated by one and implement a bresident (#21) with identify staffing net aggressive/abusive (#21 and #35) with The facility provide Compliance on April corrective actions it removed the Imme Non-compliance fo	record review, observation, ocumentation, interview, and olicy, the facility Quality ogram failed to ensure were in place to identify and its of abuse allegedly resident (#21); to formulate ehavior care plan for one behaviors; and failed to eds to provide supervision of ebehaviors for two residents behavioral problems. d a Credible Allegation of ill 11, 2012. A revisit 16, 2012, revealed the mplemented on April 11, 2012, diate Jeopardy. r F-157 continues at an "E" stial for more than minimal			To increase and ret number of staff on 2nd Tenn implemented the following: Placed a newspaper list and, on Monster.com for RN's. Offering a \$500.00 m for LPN's and C.N.A.'s. Offering a \$250.00 m employee that refers other n hired and stay past ninety diently-five cent per hour we been implemented for nursin All staff will receive residents with Dementia and behaviors. Corporate Hospic 2012. All staff will receive of abuse, the policy and proceive the policy and proceives the staff will receive the policy and proceives the staff will receive the policy and proceives the staff will receive the policy and proceives t	essee the fact ad locally, of C.N.A'.s, L' new hire sign referral Bonu ursing staff to ays, be Bonus of an orked per pay ag assistants. education on dementia refe e provider A	ility has a Craig's PN's and on Bonus s to current hat are additional period has managing lated pril 11, the types
	The findings include Validation of the Cr	edible Allegation of			and possible sexual abuse by Clinical Services with Health group, the Quality Assurance	the Senior Di Services man	behaviors irector of
	record review, obse	complished through medical rvation, facility policy review, facility staff including the			The Director of Nursing by April The Director of Nursi of Nursing and or the Chief E (Administrator) will investiga	11 th , 2012. ing, Assistant xecutive offic te all allegati	Director
	levels on 2nd TN flo				abuse as soon as they are mad allegation and will report the findings of the investigation to agencies.	e aware of th	ie ad the
į		f evidence of side rail residents. The facility			M		s

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIERICUA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	39
NAME OF	PROVIDER OR SUPPLIER	445498	B. WING		R	
			ST	REET ADDRESS, CITY, STATE, ZIP COD	04/16/2012 E	
	L NURSING HOME		:	BRISTOL, YN 37625	-	
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7 H	This REQUIREMENT by: Based on medical review of facility documents of facility political review of facility political review of facility political review of facility political review of facility political facilities as a second review of facility political facility staffing need aggressive/abusive in (#21 and #35) with buildentify staffing need aggressive/abusive in (#21 and #35) with buildentify staffing need aggressive/abusive in (#21 and #35) with buildentify staffing need aggressive/abusive in April 1 corrective actions in removed the Immedia Non-compliance for interview action (potential harm). The findings included a validation of the Creat Compliance was accument of the Creat Compliance was accument of the creat review, observed and interviews with factorial reviews with factorial revi	record review, observation, cumentation, interview, and icy, the facility Quality ogram failed to ensure ere in place to identify and is of abuse allegedly resident (#21); to formulate havior care plan for one nethaviors; and failed to its to provide supervision of behaviors for two residents nethavioral problems. a Credible Allegation of 11, 2012, a revisit 6, 2012, revealed the plemented on April 11, 2012, ate Jeopardy. F-157 continues at an "E" all for more than minimal is: dible Allegation of complished through medical vation, facility policy review, incillity staff including the evidence that the staffing revere increased.	(F 520)	A The intendical II	Social Services ger, Dietary Social Services ger) will review all ly clinical meeting in the monthly Quality Team ursing, and Assistant Office Manager, irector, Social Services ger) met on 4/5/2012 of abuse, the policy and ovestigating all aviors and possible ssurance Nurse and aducted an in-service rformance abers (Administrator, Director of Nursing, fice Manager, Dietary focial Services and 04/04/2012 for the figulation F520 related for ance. allity Assurance for to working by the not utilize agency ger, Assistant Director Coordinator and or all provide re- regarding Physician	8

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Event ID: URYC12

Facility ID: TN8201

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 Street	(X2) MULTIPLE CONSTRUCTION			0.0938-0391 SURVEY ETED
		A. BU	ILDING		COMIT	
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NAME OF PROVIDER OR SUPPLIER			AVOCA		1 04/	16/2012
BRISTOL NURSING HOME			261	T ADDRESS, CITY, STATE, ZIP CODE NORTH STREET STOL, TN 37625		
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by: Based on medical review of facility documents of facility policy and review of facility policy and review of facility policy and residents perpetrated by one rand implement a believe identify staffing need aggressive/abusive to the facility provided Compliance on April conducted on April corrective actions impremoved the Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliance for Immediano-compliano	ecord review, observation, sumentation, interview, and cy, the facility Quality gram failed to ensure ere in place to identify and of abuse allegedly resident (#21); to formulate havior care plan for one sehaviors; and failed to fis to provide supervision of behavioral problems. a Credible Allegation of 11, 2012. A revisit 6, 2012, revealed the plemented on April 11, 2012.	{F 5	(20)	The Director of Nursing of Nursing; Staff Development of Nursing; Staff Development of the Quality Assurance Nurse will education to all licensed nurses notification of Psychiatric reconsistending Physicians. The Unit Managers will flow records daily to ensure Phyhypo /byperglycemic episodes is Blood sugar flow sheets. The we Manager will complete the daily and Sunday. Daily audits will be conweeks then, Three times a week then, weekly for four weeks and findings to the interdisciplinary clinical meeting. The DON/ADO Audit tools in the survey readin DON's office. The DON/ ADON and Nurse will audit 100% of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the diweckly to ensure Physician notihyperglycemic episodes has been attended to the survey of the survey o	Coordinato ill provide a regarding inmendation I audit the e ysician notice documents eckend Nur y audits on inpleted dail for four was then PRN I report audit to team in th ON will mainess binder or Quality abetic flow fication of in n documen	rand or re- timely ns to the diabetic fication of ed on the se Saturday ly four eeks and diabetic in the se se se se se se se shall in the se sheets

The findings included:

Validation of the Credible Allegation of Compliance was accomplished through medical record review, observation, facility policy review, and interviews with facility staff including the administrative staff.

The facility provided evidence that the staffing levels on 2nd TN floor were increased.

The facility provided evidence of side reil assessments for all residents. The facility blood sugar flow sheets. Audits will be completed weekly for eight weeks and then PRN.

The MDS Coordinators were re-educated on OBRA required MDS assessments and facility required quarterly assessments, care plan development and implementation by the Quality assurance Nurse on 4/5/2012.

The interdisciplinary team (Administrator, Director of Nursing, and Assistant Director of Nursing, Business Office Manager, Dictary Manager, Activities Director, Social Services Director, and Therapy Manager) will receive education on OBRA required MDS assessments and facility required quarterly assessments, care plan development and implementation by the Quality assurance Nurse by 4/10/2012.

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CENTER	RS FOR MEDICARI	E & MEDICAID SERVICES				FORN OMB NO	10938-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI A. BUIL		CONSTRUCTION	(X3) DATES	URVEY ETED
		445498	B. WIN	1G		Dat	R 6/2012
	ROVIDER OR SUPPLIER NURSING HOME			261	T ADDRESS, CITY, STATE, ZIP CODE NORTH STREET STOL, TN 37625		
(X4) ID PREFIX TAG	! (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE
{F 520}	This REQUIREME by: Based on medica review of facility of review of facility possible facility possible Assurance (QA) peffective systems investigate incider perpetrated by one and implement a bresident (#21) with identify staffing ne aggressive/abusiv (#21 and #35) with The facility provide Compliance on Apricorrective actions removed the Immediate of Investigate incident Non-compliance for level citation (pote harm). The findings include Validation of the Compliance was a record review, obs and interviews with administrative staff The facility provide levels on 2nd TN for	I record review, observation, occumentation, interview, and olicy, the facility Quality rogram failed to ensure were in place to identify and also of abuse allegedly a resident (#21); to formulate behavior care plan for one a behaviors; and failed to eds to provide supervision of a behavioral problems. The da Credible Allegation of the behavioral problems. The data Credible Allegation of the provide on April 11, 2012, revealed the implemented on April 11, 2012, and also provide supervision of the complemented on April 11, 2012, and also provide on April 11, 2012	{F 5	(20)	All licensed nurses we developing Interim care plant 4/11/2012. The Quality Assu Nursing, Assistant Director of staff development Coordinate education. 3. What measures will be put systemic changes you will madeficient practice does not recorded to the fact of Nursing, and unit manage records of new admissions in meeting Monday through Frinterim care plan is implement hours of admission to the fact of Nursing and or the corporates will audit the medical exhibiting problematic behameeting Monday through Frintering Monday through Frintering Monday through Frintering Monday through Frintering Monday for residents exhibited behavior care plan has been within twenty-four hours of Mondays for residents exhibited behaviors over the weekend The Director of Nur Coordinator will complete the for the nursing assistants for problematic behaviors within the behavior or on Mondays over the weekend. The Director of Nur Assistant Director of Nursing Director of Nu	into place or where to ensure the consure the consure the consure the consure the consured within the collection of the consured within the collection of the consurers of the consumers of the c	nissions by Director of d or the le the Library of all the Director medical ical e an wenty-four t Director ssurance sidents filly clinical e the and on atic e MDS e guides ibiting hours of admitted

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CENTERS	FOR MEDICARE	& MEDICAID SERVICES			FORMAPPROVI		
AND PLAN OF	ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		445498	B. WING		R 04/16/2012		
	VIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
BRISTOL N	URSING HOME		110 820	1 NORTH STREET RISTOL, TN 37625			
(X4) ID PREFIX TAG	TEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE		
present the area of the area o	elated to Abuse and Elder Abuse Act updated to ensure andom interviews evisit confirmed the lated to dementia e residents who diappropriate behavior incidents. In the baservation on 2nd elder abuse to wandering ercations were not allowed and with planned and the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility will remain the facility of the facili	ge 53 of in-services for all staff d Dementia training including to Care plans were reviewed ure current interventions. with facility staff during the ey had received in-services residents and how to care for splayed aggressive or iors and to report these TN floor through out the led staff providing diversional and residents. No resident ted. The environment was citivities taking place. in out of compliance at an "E" an acceptable plan of continue monitoring to actice does not recur and the leasure would be reviewed couldity Assurance	(F 520)	monthly flow records on 2nd four weeks to ensure resident documented. The DON and or AD Psychiatric consultation note: ensure recommendations for adjustments are called to the manner. The DON/ADON and Nurse will audit 100% of the the medical record to ensure of recommendations for medi Psychiatric services. Audits weekly for eight weeks and the weeks and then PRN. How the corrective actions we ensure that the deficient practiquality assurance program will birector of Nursing will report audit to the Quality Assurance Director, Administrator, Direct Assistant Director of Nursing, E Manager, Dietary Manager, Ac Social Services Director, and M monthly. Quality Assurance Com (Administrator, Director of Nursing, Business O Dietary Manager, Activities Dir Director, and Therapy Manager findings and make recommenda	ON will review safter each visit to medication Physician in a timely dor Quality Assurance Psychiatric notes and the physician is notified cation changes from ill be completed en biweekly for eight will be monitored to ce will not recur; what the findings of each Committee (Medical or of Nursing, and Business Office tivities Director, aintenance Director) amittee wing, and Assistant ffice Manager, ector, Social Services will review		

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process of communication related to residents maximum assistance level required by nursing staff for safe ambulation and transfers and determine

when compliance has been reached.